

Pewitt CISD Fundraiser Approval



Date: _____

Campus

Organization

Fundraising activity: _____

Starting Date: _____

Ending Date: _____

Brief Description and Purpose of Fundraiser:

Sponsor/Person Responsible

Campus Principal

Superintendent/Business Manager

Completion of Fundraiser

Total Collections/Deposits _____

Actual Expenses _____

Profit or Loss _____

Sponsor/Person Responsible

Campus Principal

Superintendent/Business Manager