

**BOARD OF EDUCATION OF ALLEGANY COUNTY
AUTHORIZATION TO RAISE FUNDS
MOUNTAIN RIDGE HIGH SCHOOL**

REQUEST FOR APPROVAL

Name of Organization _____

Type of Activity _____

Faculty Advisor _____

Student President
(if applicable) _____

Date of Fundraiser From _____ To _____

Purpose of Fundraiser _____

Item(s) to be Sold _____

Cost of Item(s) to School _____

Cost of Item(s) to Customer _____

Estimated Gross Receipts _____

Estimated Net Receipts _____

Grade Level Participating _____

Description of Activity

Signature of Advisor _____ Date _____

*All sales tax is required to be collected and paid by the school for all fundraisers.
The company should not pay the sales tax on the behalf of the school.*

AUTHORIZATION FOR FUNDRAISER

The fundraiser described above is hereby approved.

Signature of Principal _____ Date _____

OFFICE USE ONLY

Total money raised	_____
Less: Total invoices paid	- _____
Profit Realized	= _____
Less: Estimated Net Receipts	- _____
Difference	= _____

Explanation of difference (obtain from faculty advisor)

