Tioga Independent School District
Authorization to Conduct Apparel/T-Shirt Fundraiser Form

Campus: _____ Group: _____

Reason: _____

A. What type of merchandise or service will be sold or provided?
_____

B. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?
_____

C. Vendor _____ Representative _____
Address _____ Phone _____

D. Fundraiser will be conducted from _____ to _____
(Month/Year) (Month/Year)

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What budget will payment come from? *(Circle One)* General Operating / 461 (Activity Acct)

Sponsor's Signature: _____ Date: _____

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

ADMINISTRATION APPROVAL:

Principal: _____Date: _____ ( ) Approved ( ) Denied

ONCE COMPLETED TURN IN TO BUSINESS OFFICE FOR PROCESSING