

## REGION OFFICE APPROVAL FOR FUND-RAISING ACTIVITY (COMMUNITY SALES)

		(Activity No.)
(School's	Name) (Sponsorin	ng Class/Club)
	(Description of Activity)	
	(Purpose of Activity)	
[Duration	n/Time Frame for Activity (Dates, Times - To and From,	)]
(Pla	ce/location where sales/collections will take place.)	
	TRAVEL*	
Are any funds generated by thi	s fund-raising expected to be used on travel? No	☐ Yes ☐
Will sponsor be accompanied b	by students on this travel? No T Yes T	
Travel Location ————		
Expected Travel Date	Expected Travel Expenditure \$_	
s expected to involve	on Office authorization to conduct this fund-rasales, and/or collection of funds outside I Board Rule 5830 will be observed.  (Faculty/Staff Supervising Fund-raiser Signature)	
	(Activities Director's Signature if applicable)	(Date)
	(School Treasurer's Signature)	(Date)
	(Principal's Signature)	(Date)
	(Region Office Assistant Superintendent's Signature)	(Date)

## NOTE

\* This is not an authorization to travel. Separate documentation must be submitted as required. Signed Approval Form for fund-raisers must be kept by Treasurer with the Student Activity Operating Report. This form must be accompanied by FM-1018.