



## **VERNON ISD FUNDRAISER REQUEST FORM**

DATE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

FUNDRAISER FOR: \_\_\_\_\_

ITEMS BEING SOLD: \_\_\_\_\_

COST PER ITEM: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

SPONSOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

CFO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_