

Madison City School System  
Fundraiser Authorization Form  
\_\_\_\_\_Academic Year

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

The following fundraiser is proposed by \_\_\_\_\_ (organization)

to raise funds for \_\_\_\_\_ (project).

Please identify all elements involved in this effort, i.e., company name, type of merchandise, place of sale, sale price, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fundraisers must be authorized 30 days in advance.**

This fundraiser will begin on \_\_\_\_\_ and conclude by \_\_\_\_\_.

Requested By: \_\_\_\_\_

Bookkeeper's Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Bookkeeper's Signature/Date: \_\_\_\_\_ Not Approved \_\_\_\_\_

Principal's Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Principal's Signature/ Date: \_\_\_\_\_

Development Office Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Development Office Signature/Date: \_\_\_\_\_