

Aiken County Public Schools

**FORM MUST BE COMPLETED AND SIGNED BY ALL PARTIES BEFORE
FUND-RAISER TAKES PLACE.
A COPY OF COMPLETED FORM MUST BE GIVEN TO SCHOOL BOOKKEEPER**

NO FUNDRAISER SHOULD TAKE PLACE WITHOUT PROPER SIGNATURES

PTO and Booster Club Fund-Raiser Requests

Name of School: _____

Company providing product: _____

Item(s) sold **DO NOT LIST AS MISCELLANEOUS:**

Cost of item(s) being sold: _____

Selling Price of item(s): _____

Dates of Sale: _____

Anticipated Profit: _____

Purpose of Fund-Raising Activity:

All Funds will be collected by PTO/Booster Volunteers and deposited into the PTO/Booster Bank Account. No funds will be deposited into school accounts.

PTO/Booster Officer _____ Date _____

Principal _____ Date _____

Academic Officer/Director _____ Date _____

The bottom portion should be filled out by Treasurers and returned to PTO/Booster President or Vice President.

Total amount of money collected/deposited: _____

Total cost of fund raising items paid out: _____

Net profit or loss amount _____