

ARGYLE INDEPENDENT SCHOOL DISTRICT

RESPONSIBILITIES OF FACULTY SPONSORS OF STUDENT GROUPS

The purpose for the raising and expending of funds by student groups is for the direct benefit of the students. Fund raising activities will contribute to the educational experience of the pupils and will not conflict with the instructional program. Money raised by student groups and organizations will be held by the school as trustee. The faculty sponsor of a student club or group is responsible for maintaining adequate financial records as evidence of proper custodianship of money received by and disbursed from club accounts.

I hereby acknowledge that I have read the "Student Activity Funds Sponsor Supplement" and that I am responsible for complying with it. In particular, I acknowledge that:

1. All fund raising activities will be approved in advance by the principal using the Fund Raising Application.
2. I am responsible both for safeguarding and accounting for funds received from or on behalf of students.
3. Student activity money will be turned in to the office daily in the same form in which it was received.
4. At the completion of all fund raisers, the Fund Raising Recap will be completed and submitted to the principal for approval.
5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal using the Activity Fund Disbursement Voucher.
6. I will maintain a positive balance in my organization's account.

I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money which is lost due to carelessness, theft, fraud, or failure to follow established procedures.

Signature

Date

Student Club or Organization

Campus

**ARGYLE INDEPENDENT SCHOOL DISTRICT
FUND RAISING/SALES ACTIVITY APPLICATION**

Please Note: This form must be completed in blue ink.

Fundraiser	<input type="checkbox"/>
Sales	<input type="checkbox"/>

Campus _____ Date _____

Club name _____ Sponsor _____

Beginning day of sale _____ Ending day of sale _____

Describe the purpose of this sale _____

Describe the product or activity _____

Vendor _____ Representative _____

Address _____

Street Address/P.O. Box Numbers

City _____ State _____ Zip _____

Phone _____ Phone _____

Local Representative

National Office

Have all outstanding debts from previous activities been collected? Yes

No \$ _____

Amount Outstanding*

Estimate the following:

Approximate cost per item \$ _____

* To be completed by campus secretary or bookkeeper.

Estimated profit \$ _____

Percentage profit _____

Tax Free: Yes _____ No _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to secretary/bookkeeper. I will notify the Accounting Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Date _____

Sponsor

Approved by _____ Date _____

Principal

Approved by _____ Date _____

Executive Team Leader, Financial Service
(Fundraising Only)

FUND RAISING RECAP

Due in Accounting Department within 4 weeks of ending sales date

Total deposits \$ _____

Secretary/Bookkeeper **Date**

Less: Total cost of sale (invoice) _____

Net profit \$ _____

Sponsor **Date**

***Explanation for discrepancy must be attached (i.e product leftover, products given away, obligations)**

Original: Campus 1 copy: Accounting Dept., on recap 1 copy: Accounting Dept., on approval