## Los Angeles Unified School District

Student Body Finance Section
Request for Authorization - Elementary Schools, Continuation, Special Ed. Schools, PTA/PTO Elem

| School:Click here to enter text.   |   | ]             | PTA/PTO (if applicable): Click here to enter text.           |              |                                   |      |  |
|--|---|---------------|--|--------------|-----------------------------------|------|--|
| Local District: Click here to enter text.  |   | Date: Cl      | re: Click here to enter Telephone: Click here to enter text. |              |                                   |      |  |
| Please check type of request (1 through 5):  |   |               |  |              |                                   |      |  |
| 1.    Request to hold a fundraising activity   |   |               |  |              |                                   |      |  |
| Sponsor: ASB (student body)* □ PTA/PTO** □ Cooperative (ASB & PTA/PTO)*** □  |   |               |  |              |                                   |      |  |
| * 100% of proceeds must go to ASB **100% of proceeds can go to PTA/PTO ***Proceeds must be split between ASB and PTA/PTO (% determined by principal prior to event)  |   |               |  |              |                                   |      |  |
| Distribution of Proceeds: ASB Share Click here to enter text. % PTA/PTO Share Click here to enter text. %  |   |               |  |              |                                   |      |  |
| Purpose of Fundraiser:   | Click here to enter text.                           | 0 10 011101 1 |  | TTI/TTO SHUT | o one nore to one toxe. 70        |      |  |
| Description of Fundraiser: Click here to enter text.   |   |               |  |              |                                   |      |  |
| Details of Fundraising Activity:   |   |               |  |              |                                   |      |  |
| Begin Date: Click here to enter a date. End Date:Click here to enter a date.  (Fundraising activities should not exceed 3 consecutive weeks)  On Campus: Yes  No  Specific Location: Click here to enter text.   |   |               |  |              |                                   |      |  |
| Time of Day: Click here to enter text.   |   |               |  |              |                                   |      |  |
| (Fundraising activities cannot occur during instructional time)  If "On-Campus", is any third party vendor/business involved? Yes □ No □   |   |               |  |              |                                   |      |  |
| If yes, please provide name of vendor/business and description of services provided: Click here to enter text.   |   |               |  |              |                                   |      |  |
|  |   |               |  |              |                                   |      |  |
| Sources of Revenue: (i.e catalog name, games, concessions, entertainment, items sold) Click here to enter text.  |   |               |  |              |                                   |      |  |
| Notes: Elementary schools do not have Retail Sales Permits. Vendor must pay sales tax for fundraisers with taxable items. If tickets are used, please complete form 63.E.61 Perpetual Inventory of Tickets & either a House Council Form (63.E.65) or Cash Admission Report Form (63.E.63) |   |               |  |              |                                   |      |  |
| 2.   |   |               |  |              |                                   |      |  |
| Vendor/Contractor*: Click here to enter text.  Amount: \$Click here to enter text.   |   |               |  |              |                                   |      |  |
| Description: Click here to enter text.   |   |               |  |              |                                   |      |  |
| *If services are provided, a W9 must be completed and submitted with Request for Authorization. Risk Mgt approval may also be required for insurance purposes.   |   |               |  |              |                                   |      |  |
| 3.   |   |               |  |              |                                   |      |  |
| Donor/Vendor: Click here to enter text.   Make:Click   Make:Click  |   |               | Madalopial   |              | Amount: \$Click here to           |      |  |
| Item: Click here to enter text.  Make: Cli to enter te   |   |               | e Model:Click here to enter text.                            |              | Serial #Click here to en<br>text. | ter  |  |
| Purpose:Click here to enter text.  |   |               |  |              |                                   |      |  |
| 4.   | Transfer or Dispose of Student Body Owned Equipment |               |  |              |                                   |      |  |
| Recipient: Click here to enter text.   |   |               |  |              | Value: \$Click here to e          | nter |  |
| Equipment Description: Click here to enter text.   |   |               |  |              |                                   |      |  |
| Note: If approved, equipment should be removed from ASB Inventory list.  |   |               |  |              |                                   |      |  |
| 5.    Other  Discription: Click here to enter text.  |   |               |  |              |                                   |      |  |
| Discription. Glick here to enter text.   |   |               |  |              |                                   |      |  |
|  |   | _             |  |              |                                   |      |  |
| Signature of Principal Date  |   |               | 10 <sup>th</sup> /31 <sup>st</sup> PTA                       |              | Date                              |      |  |
| Signature of President,  Local PTA/PTO: Date:  |   |               |  |              |                                   |      |  |
| After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.   |   |               |  |              |                                   |      |  |
| Student Body Finance Section (SBFS):   Approved Not Approved   Comments: Click here to enter text.   |   |               |  |              |                                   |      |  |
| Signature: Date:   |   |               |  |              |                                   |      |  |
| If "On-Campus" and solely sponsored by PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement. If PTA involved, school or local PTA forwards to 10th or 31st PTA who will sign and then return back to SBFS.  |   |               |  |              |                                   |      |  |
| For ASB sponsored or cooperative, if "On-Campus" and Third Party Vendor/Business is involved, school must check with Risk Management to confirm that additional approvals are not required.  |   |               |  |              |                                   |      |  |

March 2017