

Pleasantville Public Schools



Dr. Marilyn Martínez, Superintendent

Fundraiser Form

(One form per Fundraiser)

School / Grade: _____

Organizer: _____

Organization/Club/Group: _____

Start Date: _____

End Date: _____

Name: _____

Description:

If Vendor is needed, Why? Justification:

Initial Cost: \$ _____ Funding Source: _____

Anticipated Profit: \$ _____ Account: _____

Staff Member Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

_____ Approved _____ Not Approved

Superintendent Signature: _____ Date: _____

_____ Approved _____ Not Approved