

**Bibb County Board of Education
Fund Raiser Project Form**

Purpose of Fund Raiser. Please list services, equipment, supplies, etc., for which you are raising money.

Type of Fund Raiser (candy, fruit, t-shirt, etc.)

Beginning Date _____

Ending Date _____

Sponsor _____

Organization conducting fund raiser _____

Dates of previous fund raiser(s) this school year _____

For approval by principal fund raiser from needs to be turned into accounting office two weeks before beginning date.

Revenue _____ Revenue _____ Revenue _____

Total Revenue _____ Expenditure _____

Profit _____

Principal's Approval:
I approve this fund raiser for the purpose shown above

Superintendent's Approval:
Only if the purchase is going to be a Capital outlay/long term debt.

_____/_____
Signature of Principal Date

_____/_____
Signature Date