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CUBA INDEPENDENT SCHOOL DISTRICT
REQUEST FOR AUTHORIZATION TO CONDUCT A FUNDRAISER

****FORM MUST BE SUBMITTED TO CENTRAL OFFICE 5 DAYS PRIOR TO FUNDRAISING EVENT****

The purpose for the raising and expending of funds by student groups is for the direct benefit of the students. Fundraising activities will contribute to the educational experience of the pupils and will not conflict with 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 district as trustee. The sponsor is responsible for maintaining a positive balance as well as maintaining adequate financial records as evidence of proper custodianship of money received by and disbursed by club accounts.

1. **Club/Organization:** _____ **Date of Request:** _____
2. **Sponsor(s):** _____
3. **Name of Activity:** _____
4. **Date Range of Activity:** _____ **Location of Activity:** _____
5. **Products/Services to be Rendered – e.g. catalog sales, individual sales and/or off campus, prepaid order:**
   PLEASE NOTE: Food sales must conform with NMSA 6.12.5.8 C, Requirements for Competitive Foods Sold to Students, and cannot take place during the lunch period.

   _____
6. **Purpose of Fundraising (PLEASE BE SPECIFIC):**

   _____

********** AS PER 6.20.2.14. C., NMAC **********

ALL FUNDS COLLECTED MUST BE DEPOSITED WITH 24 HOURS OR ONE BANKING DAY

By signing below, sponsor acknowledges that they are to be held responsible for any student activity fund entrusted to them and that they will reimburse the student organization for any money which is lost due to carelessness, theft, fraud, or failure to follow established procedures.

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_____/_____ _____/_____
Sponsor/Requestor Signature Date Principal/Supervisor Date

_____/_____ _____/_____
Business Manager Date Superintendent Date

APPROVED ☐ DISAPPROVED ☐

Reason (if not approved): _____

Business Office Use Only	
Fund Name:	
Fund Number:	
Initialed By:	

12/14/2016

PO Box 70, #50 County Rd 13, Cuba, NM 87013, Phone: 575-289-3211, Fax: 575 289-3314

Cuba Independent School District does not discriminate on the basis of race, religion, color, national origin or ancestry, sex, gender identity, sexual orientation, age, marital or veteran status or disability in any educational programs, activities or employment. Cuba Independent School District also prohibits the use of racial, ethnic, and/or sexual slurs, including sexual harassment. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in a school meeting or hearing, or if you wish to receive assistance or information regarding student grievances, language translations of District policy, Section 504 or Title IX, please contact the Superintendent's Office at least one week prior to the meeting or as soon as possible.