

WILKES-BARRE AREA CAREER AND TECHNICAL CENTER

APPROVAL REQUEST

FUNDRAISER/S

Program: _____ **Instructor** _____

Type of Fund Raiser (candy, t-shirts, bake sales, etc.) _____

Purpose for fundraiser: _____

Vendor: _____ **Contact Number** _____

Representative's Name: _____

Date Fundraiser will begin _____ **and date ending** _____

BEFORE ANYTHING IS ORDERED OR PURCHASED APPROVAL IS REQUIRED BY THE BUSINESS OFFICE.

ALL FUNDS COLLECTED MUST BE SUBMITTED TO THE BUSINESS OFFICE ON A TIMELY BASIS. NO REORDERS WILL BE ALLOWED UNTIL ALL FUNDS FROM THE FIRST ORDER ARE RECEIVED.

Teacher Signature: _____ **Date Submitted:** _____

Comments/Special Conditions/Equipment: _____

Administrative Approval: _____ **Date:** _____

Business Office Approval: _____ **Date:** _____

Instructor

Business Office

Main Office