

F.R. #_				

## Uniontown Area School District

## Request for Fund Raiser

Anyone who requests a fund raising activity is asked to submit the request at least (2) weeks in advance. Also, the completion report is to be submitted within 2 weeks of the ending date.

School:	Date:			
A.J. McMullen	Benjamin Franklin	Franklin	High School	
Marclay	○ Lafayette	Menallen		
Wharton				
Club/Organization: _				
Brief Description of fo	und raiser:			
Starting Date:		Ending Date: _		
Purpose/Use of Fund	s:			
Signature of Advisor/	Sponsor:			
Signature of Principa	I/Supervisor:			
Signature of Superint	endent:			
covers foods that wi		ours and consumed	ifies approval. If the fundraiser on campus which do not meet od Service Manager:	
Food Service Manag	er:			
*******			*********	
	Do	Not Separate!		
Total Receipts:				
<b>Total Expenditures:</b>				
Profit/Loss:				
Signature of Sponso	r:		Date:	
Signature of Princip	al:		Date:	

jsb