

FORM AHF-2: Authorization to Collect Funds from Students & Employees

EX: Purchases of T-shirts, Field trip fees, Club Dues, Donations from outside sources etc.

Campus: _____ Employee Name: _____

Department/Club: _____

Information:

A. Reason and benefit for collection of funds: _____

B. If club dues are being solicited, please attach a parent letter describing what the funds will be spent on.

C. Will sales tax be added to the amount charged: Yes _____ No _____

Note the total amount charged (include sales tax if applicable): \$ _____

D. Describe how will the money be collected: _____

E. If Applicable, Vendor Name: _____ Representative: _____

Address & Phone No.: _____

F. Event will be conducted from: _____ to: _____
(Month/Day/Year) (Month/Day/Year)

Funds must be secured in the campus vault/safe each day.

Sponsor/ Employee Certification:

I certify that AHISD policies and procedures will be followed and all funds collected will be turned in **daily** to the Principal's secretary.

Employee Signature: _____

Date: _____

Authorization: Approved Disapproved

Principal's Signature: _____

Date: _____

Superintendent's Signature: _____

Date: _____