

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
SUMMARY OF PLANNED FUNDRAISING REQUESTS
SCHOOL YEAR: _____

SAF 9

CAMPUS: _____
CLUB / ORGANIZATION: _____

| Type of Fundraiser | Vendor | Date(s) of Fundraiser | Estimated Profit | Purpose | Tax Free Sale? (check if yes) |
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Note: Each student group/club is limited to two one-day tax free sales. Refer to section 13.4 of the Student Activity Funds Manual for further clarification.