Los Angeles Unified School District  
Student Body Finance Section  

Request for Authorization — Secondary Schools, DACE Schools, PTA/PTO Secondary  

The Student Body of: SAN PEDRO HIGH SCHOOL  
PTA/PTO (Registered) Name:  

Please check type of request (1 through 5):  
Date:  
PTA/PTO Telephone:  

1.  
Request to hold a fundraising activity  

| Sponsor: | ASB (student body)** | Club** | PTA/PTO*** | Cooperative (ASB & PTA/PTO)*** |  
|———|———|———|———|———|  
| * 100% of proceeds must go to ASB** | **Public appeal (activity not restricted to club members & their immediate families) must be split 50/50 with ASB** | ***100% of proceeds can go to PTA/PTO*** | ****Proceeds must be split between ASB and PTA/PTO** |  

Distribution of Proceeds:  
ASB Share  
% Club Share  
% PTA/PTO Share  

Purpose of Fundraiser:  

Description of Fundraiser:  

Details of Fundraising Activity:  
Begin Date:  
End Date:  
On Campus: Yes □ No □  
Specific Location:  
Time of Day:  
(Fundraising activities should not exceed 3 consecutive weeks)  
(Fundraising activities cannot occur during instructional time)  
If "On-Campus", is any third party vendor/business involved? Yes □ No □  
If yes, please provide name of vendor/business and description of services provided:  

2.  
Request for Expenditure  
This expenditure is in the ASB Budget: Yes □ No □  

Vendor/Contractor/Employee*:  
Amount: $  

Description:  

*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and 19 must be completed.  

3.  
Receive a Cash or Non-monetary Donation  

Donor/Vendor:  
Amount: $  

Item:  
Make:  
Model:  
Serial #:  

Purpose:  

4.  
Transfer or Dispose of Student Body Owned Equipment/Inventory  

Recipient:  
Value: $  

Equipment/Inventory Description:  
Note: If approved, item(s) should be removed from ASB Inventory.  

5.  
Other  

Description:  

Approved in Student Body Council Meeting of:  
Minutes are attached to this Request.  

Signature of Principal (Required) □ Date □  
Signature of ASB Treasurer (Required for Secondary) □ Date □  
Signature of Financial Manager (Required) □ Date:  

Local PTA/PTO (if involved):  
10th/31st District PTA Date:  

After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.  

SBFS Approval - ASB Event/Activity: □ Approved Not Approved □ Comments:  

PTO/PTA Registration Status Current/Registered with State DOJ? Yes: □ No: □ Date Checked:  

SBFS - PTA/PTO Event/Activity: □ Approved as to process Not Approved □ Comments:  

Coordinating Financial Manager Signature: □ Date:  

Other Approvals (if applicable): M&O:  
OEHS:  

If "On-Campus" and solely sponsored by PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement.  
If PTA involved, school or local PTA forwards to 10th or 31st PTA who will sign and then return back to SBFS.  
For ASB or cooperative, if "On-Campus" and Third Party Vendor/Business is involved, SBFS will forward to Risk Mgt for approval.  
For ASB, if off-campus, SBFS will forward to Risk Management for approval.  

1. For Club/Sponsor  2. For Leadership  3. For Principal  4. For Fin Mgr