



NEWCASTLE PUBLIC SCHOOLS

Purpose of Activity Fund Account

- Original
 Amended

Account Name: _____ Account #: _____ Site #: _____

Scheduled Fundraising Events:

| <i>Description</i> | <i>Month Planned</i> |
|--------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

General Revenue: (Indicate Amended Items with an "**")

Donations are automatically approved. List other methods of generating revenue:

Expenditures: (How the revenue will be spent) (Indicate Amended items with a "**")

Sponsor Name

Date Submitted School Year

Sponsor Signature

Activity Fund Custodian Signature

Supervisor Signature if Applicable
(Principal or Athletic Director)

Chief Financial Officer Signature

Date Approved by Board of Education