

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
ACTIVITY APPROVAL FORM (AAF)

Activity #

Created:

**This form must be completed and submitted to Administration at least two weeks prior to the start of the activity.
The original form is submitted to the Bookkeeper / Budget Support Specialist to maintain for audit.**

1. Requesting Location:

Grade:

Group:

2. Sponsor Name:

Class/Club Name:

* 3. Type of Activity:

Post Online: Yes:

No:

On-site: Yes:

No:

4. Requesting Organization:

5. Brief description of the fundraiser, including how the raised funds will be used.

6. Activity Date(s): 1st Choice: Start Date:

End Date:

Approved:

2nd Choice: Start Date:

End Date:

Approved:

EMPLOYEE EMAILS

All teachers/staff members listed below will be set up to receive online payment notifications.

DESIGNEE PRE-APPROVAL

Designee:

Name:

Date:

BOOKKEEPER / BUDGET SUPPORT SPECIALIST APPROVAL

Signature:

Date:

PRINCIPAL APPROVAL

Signature:

Date:

TO BE FILLED OUT BY THE BOOKKEEPER / BUDGET SUPPORT SPECIALIST

Great Plains Account #:

Account Name: