

# EXTRACURRICULAR FEE APPROVAL FORM (Spend Plan)

School \_\_\_\_\_ Date of Request \_\_\_\_\_  
Person Requesting \_\_\_\_\_ Activity \_\_\_\_\_  
Organization \_\_\_\_\_ Requested Fee Charge \$ \_\_\_\_\_  
*(not to exceed Board approved amount)*  
Current Account Balance \$ \_\_\_\_\_ Verified by School Finance Secretary \_\_\_\_\_  
INITIALS

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**Rationale for Fee:** *(Please detail what the school program needs are)*

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**Expenditures:** *(Be as specific as possible with projected costs)*

**Cost per Student:**

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

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\_\_\_\_\_  
Advisor/Teacher Signature

\_\_\_\_\_  
Date

Approved      Amount Approved \$ \_\_\_\_\_

Denied      Comments \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date