

# EXTRACURRICULAR FEE APPROVAL FORM

Person Requesting \_\_\_\_\_ Date of Request \_\_\_\_\_

Organization \_\_\_\_\_ Activity \_\_\_\_\_

Requested Fee Charge \$ \_\_\_\_\_ *(Not to exceed Board approved amount)*

Current Account Balance \_\_\_\_\_ Verified by School Finance Secretary \_\_\_\_\_

\$ \_\_\_\_\_ INITIALS \_\_\_\_\_

**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. _____	\$ _____

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

\_\_\_\_\_  
Date

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

Denied      Comments \_\_\_\_\_

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

\_\_\_\_\_  
Date