

Student Activity ☐ Original Submission or ☐ Revision				
School Year 20 20 Fund	I			
Advisor Name	Supervis	Supervisor Name		
Purpose of Student Activity				
Budget Statement				
Unencumbered beginning balance \$_	(A)			
Estimated Receipts Sources:		Amount:		
1)		\$		
2)		\$		
3)		\$		
4)		\$		
5)		\$		
	TOTAL Estimated receipts	\$(B)		
	TOTAL Balance & Revenue	\$(A + B)		

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Student Activity Budget & Purpose Planning Form

Estimated Expenditures Sources:		Amount:	
1)		\$	
2)		\$	
3)		\$	
4)		\$	
5)		\$	
TOTAL Est	timated expenditures	\$	(D)
Anticipated unincumbered ending	g balance	\$	(C – D)
Notes/Comments			
Advisor Signature	Date		
For Treasurer's Office Use Only : Received by		Date	_

Submit to the Treasurer by May 1st each year

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