

PURPOSE AND BUDGET

FUND NAME: _____ FUND NO: _____ SCC: _____

ORGANIZATION NAME: _____

PURPOSE OF ORGANIZATION: _____

BALANCE ON HAND AS OF JULY 1, 2024: _____

INVENTORY ON HAND AS OF JULY 1, 2024: _____

ANTICIPATED RECEIPTS

DATE	SOURCE	AMOUNT

TOTAL RECEIPTS: _____

TOTAL AVAILABLE: _____ (BALANCE ON HAND PLUS TOTAL RECEIPTS)

EXPENDITURES

PURPOSE	AMOUNT

TOTAL EXPENDITURES: _____ ESTD BALANCE JUNE 30, 2025 _____

ACTIVITY ADVISOR: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

ATHLETIC DIRECTOR: _____ DATE: _____

Have Principal sign then forward original to Treasurer's office. Approved copy will be sent to Advisor

TREASURER: _____ DATE: _____

SUPERINTENDENT: _____ DATE: _____