TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE
BUDGET REPORT

School _____

_____ Acct. # _____
Title of Student Activity Group — Fund — SCC

A. Statement of Purpose (Attach if necessary)

B. Proposed Operating Budget for Year beginning July 1, _____ and ending June 30, _____

Beginning Cash Balance as of July 1, _____ ---------- $ _____ (A)

Estimated Receipts for Year (by source of revenue):

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

Total Receipts $ _____ (B

Estimated Disbursements for Year (by type of expenditure):

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

Total Disbursements $ _____ (C
(A) + (B) - (C) = (D)

Estimated Ending Cash Balance ---------- $ _____ (D

Recommended by

_____ Advisor _____ Date
_____ Cashier _____ Date
_____ Principal _____ Date

Approved by

_____ Superintendent or Designee _____ Date