

TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE
BUDGET REPORT

School _____

Title of Student Activity Group _____

Acct. # _____
Fund _____ SCC _____

A. Statement of Purpose (Attach separate sheet as needed)

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)

Approved By:

_____	Advisor	_____	Date
_____	Principal/Administrator	_____	Date
_____	Superintendent/Designee	_____	Date
_____	Approved by Board of Education on:	_____	Meeting Date