| | | | |
|---|---|---|---|
| TCHS ASB Campus Club Budget | | Advisor Name: | |
| Club Name: | | School Year: | |

| **Income** | **Amount** | **Expense** | **Amount** |
|---|---|---|---|
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| **Total Income:** | | **Total Expenses:** | |

*Income must match expense.

Club Advisor: _____

Date: _____

Club President: _____

Date: _____

ASB President: _____

Date: _____

Activities Director: _____

Date: _____

Principal: _____

Date: _____