



ASB Student Council Budget Revision

(Attach copy of Original Approved Budget and copies of any prior revisions)

School _____
 Fiscal Year: _____ Revision #: _____ Revision Date: _____

	Budget Estimated Revenue	Budget Estimated Expense	Budget Estimated Net
Totals from Previously Approved Budget			\$ -

Revisions

Line Item #	Item Description	Revised Estimated Revenue	Revised Estimated Expense	Revised Budget Net
				\$ -
				-
				-
				-
				-
Totals after Revised Budget Estimates		\$ -	\$ -	\$ -

	Adjusted Budget Estimated Revenue	Adjusted Budget Estimated Expense	Adjusted Budget Estimated Net
Totals from Previously Approved Budget	\$ -	\$ -	\$ -

Plus carryover (ending balance from prior year): \$ _____

Projected fund at end of Fiscal Year: \$ -

Recorded in ASB Student Council Minutes on: _____

ASB Student Council President: Sign & Date

ASB Student Council Treasurer: Sign & Date

ASB Advisor: Sign & Date

ASB Admin: Sign & Date

ASB Bookkeeper: Sign & Date