



# ASB Student Council Budget

School \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ Annual Budget Adoption Date: \_\_\_\_\_

Line Item #	Item Description	Prior Year Actual Revenue	Prior Year Actual Expense	Budget Year Estimated Revenue	Budget Year Estimated Expense	Budget Year Net
1						\$ -
2						-
3						-
4						-
5						-
6						-
7						-
8						-
9						-
10						-
11						-
12						-
13						-
14						-
15						-
16						-
17						-
18						-
19						-
20						-
21						-
22						-
23						-
24						-
25						-
<b>Total Budget Year Revenue</b>				\$ -		
				<b>Total Budget Year Expense</b>		\$ -
				<b>Total Budget Year Net</b>		\$ -
Plus carryover (ending balance from prior year):						\$ _____
Projected fund at end of Fiscal Year:						\$ -

Recorded in ASB Student Council Minutes on: \_\_\_\_\_

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ASB Student Council President: Sign & Date	ASB Student Council Treasurer: Sign & Date
_____	_____
ASB Advisor: Sign & Date	ASB Admin: Sign & Date
_____	_____
ASB Bookkeeper: Sign & Date	
_____	