

**Rev 1/20**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signatures** |  |  |  |  |
| **Advisor/Coach (staff):**  |   | **ASB Officer (student):** |   |
|  | *Signature & Date* |  |  | *Signature & Date* |
| **Principal:** |   | **ASB Treasurer (staff):** |   |
|  | *Signature & Date* |  | *Signature & Date* |

|  |  |
| --- | --- |
| **(A + B - C)** | $ |

**ENDING BLANACE:** How much money will be in this account on 8/31/20?

|  |  |
| --- | --- |
|   | $ |
|   | $  |
|   | $ |
|   | $ |
|   | $ |
|   | $ |
| **Add up all the items listed above. ( C )** | $ |

**EXPENDITURES:** How will you spend these funds? Include all costs or purchases for 2020-2021.

|  |  |
| --- | --- |
| Concessions (estimated income) | $ |
| Booster Club (submit donation form instead of a proposal) | $ |
| Donations from Outside Support (submit donation form instead of a proposal) | $ |
| Fundraisers: a. | $  |
| b. | $ |
| c. | $ |
| d. | $ |
| **Projected total to be deposited into this account from 9/1/20 TO 8/31/2021. ( B )** | $ |

**REVENUE:** Activity or Income from fundraiser or booster club.

|  |  |
| --- | --- |
| **Take your current balance, add any income you sill still receive & subtract any items you will purchase before 8/31/19** |   $ |
| **Subtract any loan amount that will need to be re-paid to the General ASB account due to having a negative balance in your account for the current year.**  | ($ ) |
| **Beginning Balance Total. ( A )** |   $ |

**BEGINNING BALANCE:** Do you expect any carry over amount at the end of the 2019/20 school year?

Please use the attached account activity/financial information to help you complete next year's budget.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Club/Sport: |   |   |   | Account#: |   |   |   |
| Budget Year: |   |   |   | Advisor/Coach: |   |   |   |

Evergreen ASB Budget Request