

**TROY CITY SCHOOLS
STUDENT ACTIVITIES
PURPOSE STATEMENT AND BUDGET FORM**



Date: _____

ACTIVITY NAME/FUND: _____ Fiscal Yr. _____

ADVISOR: _____

ACTIVITY PURPOSE: _____

Beginning Balance: \$ _____

ESTIMATED REVENUE:	<u>REVENUE CODE</u>	<u>AMOUNTS</u>
A. _____	_____	\$ _____
B. _____	_____	\$ _____
C. _____	_____	\$ _____
D. _____	_____	\$ _____

Revenue Anticipated: \$ _____

Total Balance & Revenue: \$ _____

ESTIMATED EXPENDITURES:	<u>BUDGET CODE</u>	<u>AMOUNTS</u>
A. _____	_____	\$ _____
B. _____	_____	\$ _____
C. _____	_____	\$ _____
D. _____	_____	\$ _____

Total Estimated Expenditures: \$ _____

Estimated Ending Balance: \$ _____

Principal: _____

Superintendent: _____

Treasurer: _____