

**TIFFIN CITY SCHOOL DISTRICT**

**STATEMENT OF PURPOSE**  
**BUDGET REPORT**

School \_\_\_\_\_

\_\_\_\_\_  
Title of Student Activity Group

Acct. # \_\_\_\_\_  
Fund \_\_\_\_\_ SCC \_\_\_\_\_

A. Statement of Purpose (Attach if necessary)

B. Proposed Operating Budget for Year beginning July 1, \_\_\_\_\_ and ending June 30, \_\_\_\_\_

Beginning Cash Balance as of July 1, \_\_\_\_\_ ----- \$ \_\_\_\_\_ (A)

**Estimated** Receipts for Year (by source of revenue):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Receipts</b>	\$ _____ (B)

**Estimated** Disbursements for Year (by type of expenditure):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Disbursements</b>	\$ _____ (C)
<b>(A) + (B) - (C) = (D)</b>	

**Estimated** Ending Cash Balance ----- \$ \_\_\_\_\_ (D)

Recommended by	_____	_____
	Advisor	Date
	_____	_____
Approved by	_____	_____
	Cashier	Date
	_____	_____
Approved by	_____	_____
	Principal	Date
Approved by	_____	_____
	Superintendent or Designee	Date