

AMENDMENT TO ACTIVITY BUDGET

Name of Account: _____ Fund #: _____ SCC#: _____

Building: _____ Advisor: _____

School Year: _____ Actual Beginning Balance 06/30: \$ _____

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ACTIVITY RECEIPTS – (Dues, fundraising activities, donations, etc.)

Original Amount	\$ _____
Increase – <u>Fundraisers/Sales</u>	\$ _____
or	
Increase - <u>Dues</u>	\$ _____
or	
Increase - <u>Donations</u>	\$ _____
or	
Decrease - _____	\$ _____
Total Revised Receipt	\$ _____

ACTIVITY DISBURSEMENTS – (Supplies, trips, dues, fundraiser expenses, etc.)

Original Amount	\$ _____
Increase - <u>Supplies</u>	\$ _____
or	
Increase - <u>Equipment</u>	\$ _____
or	
Increase - <u>Purchased Services</u>	\$ _____
or	
Decrease - _____	\$ _____
Total Revised Disbursement	\$ _____

Estimated Ending Balance 06/30 \$ _____
(Must be a positive number)

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Signature of Advisor: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Superintendent: _____ Date: _____

Signature of Treasurer: _____ Date: _____