



# ASB Student Club Budget Hillcrest High School

Budget for: \_\_\_\_\_  
(Name of Club/Sport)

School Year: 20\_\_\_\_ - 20\_\_\_\_

Advisor/Coach: \_\_\_\_\_

This completed budget should be submitted to the ASB Office by September 1.  
No expenditures, checks or purchase orders can be approved without a current budget.  
**ALL FUNDRAISERS MUST ALSO BE BOARD APPROVED.**

**Beginning Balance:**

\_\_\_\_\_

<u>POSSIBLE REVENUE</u>	<u>TENTATIVE DATE</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>POSSIBLE EXPENSES</u>	<u>TENTATIVE DATE</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Proposed Ending Balance:** \_\_\_\_\_

\_\_\_\_\_  
Student Rep Signature

\_\_\_\_\_  
Advisor Signature