

CHINO VALLEY UNIFIED SCHOOL DISTRICT

***Associated Student Body - Organized
Preliminary Budget Recap Form***

Fiscal Year: _____

School Name: _____

I.	Beginning Balances	\$	
II.	Revenue	\$	
	Total Beginning Balances and Revenue	\$	**
III.	Expenditures	\$	
IV.	Reserve	\$	
	Total Expenditures and Reserve	\$	**

**** Total Must Balance**

Approved:

Signature of ASB Advisor Date

Signature of Student Body Officer Date

Signature of Principal Date

Student Body Approval Appears in the Minutes Dated: _____