

BUDGET PLANNING AND ACCOUNTING FORM

ACTIVITY: _____ COUNCIL _____ DISTRICT # _____

PLACE: _____ TO BE HELD ON _____

DEPOSIT FUND INTO ACCOUNT NO : _____ CHARGE TO ACCOUNT NO: _____

APPROVED BY FIELD DIRECTOR OR SUPERVISOR: _____ DATE: _____



EXPENDITURES (Itemized)	Budget	Actual	
	\$	\$	
10% Contingency			
Medical Coverage @ .35 /person/day			
Totals	\$	\$	\$
Income (Itemized)	Budget	Actual	
Medical Coverage @ .35 /person/day			
Totals	\$	\$	\$
Balance or (Deficit)			\$

- INSTRUCTIONS:**
- 1) MAKE UP FOUR (4) COPIES
 - 2) SECURE FIELD DIRECTOR'S APPROVAL (OR SUPERVISOR'S)
 - 3) FILE COPY WITH ACCOUNTANT WHO OPENS ACCOUNTS.
 - 4) FILE COPY WITH SERVICE CENTER – ONE COPY WITH F.D.: ONE COPY WITH O.D.
 - 5) SHOW ACCOUNT NUMBER ON ALL INVOICES AND RECEIPTS
 - 6) RECORD ACTUAL PURCHASES AND INCOME OF BACK OF FORM
 - 7) AFTER ACTIVITY , COMPLETE FORM, ATTACH INVOICES, DELIVERY SLIPS, RECEIPTS, PURCHASE ORDERS AND JOURNAL VOUCHERS. TURN IN TO ACCOUNTING WITHIN 10 DAYS OF THE EVENT.
 - 8) HANDLE **ALL RECEIPTS** THROUGH COUNCIL OFFICE. DO NOT HANDLE ON NET BASIS.

