

Bloomington Public Schools Student Activity Account Purpose Form

Date: _____

School: _____

Budget Code: _____ - _____ - _____

Name of Activity: _____

Purpose of Activity: _____

Source of Revenue / Fund Raisers etc:

Age, grade and interest of students served: _____

I, _____ (advisor) received a copy of the *Manual for Activity Fund Accounting* and acknowledge my responsibility for assuring proper procedures are followed. I also acknowledge that I will be held accountable for any deficit balance that may occur in the above named activity account.

Advisor's Name (Printed)

Advisor's Signature

Date of Submission

Advisor's Phone Number

Principal's Name (Printed)

Principal's Signature

Date of Approval

Upon termination of the above named activity, any unobligated funds that remain in the account will be disposed of in the following manner:

Date Received In Business Office: _____ By: _____