ANNUAL BUDGET

FOR FISCAL YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020

This budget was approved by action of the ______________________ Board of Education on _____________ ____,______.

Month       Day   Year               Chairman's signature

I certify that the information in this budget is correct to my best knowledge and belief, that expenditures will be in accordance with state and federal laws and regulations and approved program applications and plans, and that the length of the school term shall not be less than 180 full instructional days or the hourly equivalent thereof.

__________________________  Superintendent

__________________________  Date

Reason for Amendment:  (Be specific)

__________________________  Notary Public

_________________________________________

__________________________  Contact Person

( )                           Phone Number

APPROVED

_________________________________________

State Superintendent of Education