ANNUAL BUDGET
FOR FISCAL YEAR OCTOBER 1, 2021 - SEPTEMBER 30, 2022

This budget was approved by action of the __________________________ Board of Education on ___________ ____,______
Month       Day   Year               __________________________ Chairman, Board of Education
Chairman’s signature

Subscribed and sworn to before me this the ______day of ________, ______

______________________________ Notary Public

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 the length of the school term shall not be less than 180 full instructional days or the hourly equivalent thereof.

______________________________ Date

Superintendent

Reason for Amendment: (Be specific)

_______________________________________________________________

__________________________
_______________________________________________________________

__________________________
_______________________________________________________________

Contact Person  Phone Number

APPROVED

State Superintendent of Education

Revised: May 11, 2021