

Freedom High School
ASSOCIATED STUDENT BODY ANNUAL CLUB BUDGET FORM
Budget Year 2024-25

Club Name:		Account #:	
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Officers			
Advisor(s):		President:	
Advisor(s):		Vice President:	
		Treasurer:	
		Secretary:	

MONTH	PROJECTED INCOME ACTIVITY	INCOME AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
INCOME TOTAL		\$

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MONTH	PROJECTED EXPENSES ACTIVITY	EXPENSES
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
EXPENSE TOTAL		\$

Difference between total income and expenses:	\$
Plus carryover (ending balance from prior year):	\$
Projected ending balance:	\$

APPROVAL SIGNATURES:

Club Treasurer:	
Advisor(s):	
Advisor(s):	
Director of Student Activities:	
Principal:	