

CAMPUS BTO
LOCAL BUDGET
CAC Signature Document

Campus:		
		CAMPUS NUMBER
Principal:		
		PHONE NUMBER
Bookkeeper:		
		PHONE NUMBER

By signing below, members of the Campus Advisory Council are indicating they have reviewed the proposed spending plan as identified in the Local Fund BTO and are aware of budgeted expenditures.

Printed Name of Co-Chairs	Signature of Co-Chairs	Date of Signature
Printed Name of Secretary	Signature of Secretary	Date of Signature
Printed Name of CAC Member	Signature of CAC Member	Date of Signature