## **CAMPUS BTO**

## **LOCAL BUDGET**

## CAC Signature Document

Campus:		
		CAMPUS NUMBER
Principal:		
		PHONE NUMBER
Bookkeeper:		
		PHONE NUMBER
By signing below, members of the Campus A spending plan as identified in the Local Fund	Advisory Council are indicating they have red	viewed the proposed res.
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
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		_
		_
		_
		_
		_
		_
		_

Please Return Secondary Campuses
Completed Teresa M. Rodriguez

Document to: CAC A-380

teresamarie.rodriguez@austinisd.org

**Elementary Campuses** 

Jeff Herbert CAC A-380

jeffrey.herbert@austinisd.org