

## **Palliser School Division**

## **Palliser Centre**

#101, 3305 - 18 Avenue North, Lethbridge, AB T1H 5S1 Phone: 403-328-4111 Toll-free: 877-667-1234 Fax: 403-380-6890 <u>www.pallisersd.ab.ca</u>

## FORM B: SCHOOL COUNCIL STATEMENT OF RECEIPTS AND DISBURSEMENTS

(to be completed if the School Council handles funds in addition to the ASCE Grant)

School Year:	
School Name:	

Income Statement				
RECEIPTS (A)		DISBURSEMENTS (B)		
Donations:		Fundraising/ Merchandise Costs:		
Fundraising:		Other (describe):		
Sales of Merchandise:				
Interest:				
Other (describe):		Bank Fees:		
TOTAL:		TOTAL:		

**C: Excess of Receipts over Disbursements:** (A-B) = C: \$\_\_\_\_

Balance Sheet			
Opening Balance (September 1, 20)			
+/- from C above			
Plus Outstanding Cheques			
Minus Outstanding Deposits			
D: *Closing Balance (August 31, 20)			

\*Closing Balance (D above) should balance to August 31 bank statement. Please include a copy of the August bank statement.

This statement accurately reflects the financial status of the school council for the school year listed above.

School Council Chair (print name)

Principal (print name)

School Council Chair (signature)

Principal (signature)