



Budget Cover Sheet

School Name & Site #:

Prepared by:
Date:
Phone # & e-mail:

School Leader:
Phone # & e-mail:

School Financial Officer:
Phone # & e-mail:

Year the report covers: FY ____

Check One			
_____	Original Budget	_____	Budget Revisions
_____	Semi-annual Expenditures	_____	Carryover Prior Yr.
_____	Annual Expenditures		

~ Provide additional information on an accompanying e-mail to Tangela Anderson ~

AT: anderst6@milwaukee.k12.wi.us

Indicate the reason for the submission of the document.

- For carryover, list amount of carryover and how monies will be expended.
- For budget revisions provide a detailed explanation of each change.

For MPS Office of School Administration Use Only

Date Budget received:
Misc. notes on possible revisions, etc., for Office of School Administration use:
Approved by & date:
Date e-mailed approved report to CSS:
Entered on Compliance Log:

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