



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

SPECIAL PROJECTS BUDGET

This form should be submitted to the department director. Upon approval of the superintendent, one copy will be returned to the director; one copy will be forwarded to the treasurer; and one copy will be returned to the project coordinator, who may then begin purchase orders.

Project Name: _____ Project Date: _____

Coordinator: _____ Location: _____

Description of Event: _____

Format: _____ Meeting _____ Workshop _____ Banquet _____ Other

ANTICIPATED INCOME SOURCES

Description

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
	ANTICIPATED TOTAL INCOME	\$ _____

ANTICIPATED EXPENDITURES

Description

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
	ANTICIPATED TOTAL EXPENSES	\$ _____

ANTICIPATED PROFIT \$ _____
(Anticipated Income minus Anticipated Expenditures)

Director Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____