## RELATIONS WITH PARENTS OR PARENTS' ORGANIZATIONS

GE (EXHIBIT) B

## PARENT-TEACHER AND BOOSTER ORGANIZATION FINANCIAL ACTIVITY OVERVIEW

Organization Name:		
School Affiliation:		
Report of Activities for the School Year Er	nded <del>May 31, 20</del>	
SECTION A (THIS SECTION MUST BE COMPLETED)		
President:	Telephone #	
Vice President:	Telephone #	
Treasurer:	Telephone #	
Federal Identification Number: (This number must not be the school district's tax identification number.)  ***********************************		
Cash given by the Parent-Teacher Organization or Booster Club	o to the School or Student Group:	
Market value of gifts given by the Parent-Teacher Organization	or Booster Club to School or Student Group:	
Total contributions from Parent –Teacher Organization or Booster Club:		
PLEASE LIST INDIVIDUALS AND AMOUNTS ON A SEPARATE SHEET.		
**************************		
Total Gross Receipts For the Year Ended: \$ (This amount should reflect all revenues and all funds received before any expenses were paid.)		
Note: If gross receipts are in excess of \$25,000, complete Section B of this report. Also a review by the organization's audit committee is required or an outside auditor's report must be attached to these forms.		
The above organization has complied with the District's Board Policies, UIL rules, and applicable Federal and State laws.		
Approved: President	Date	
Approved: Treasurer	Date	
Approved: Principal	Date	

File this report with the Internal Audit Department office of Finance and Business Operations, ECISD, Administration Building.

DATE ISSUED: 3/26/03 GE (EXHIBIT) B

APPROVED: 3/25/03

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## RELATIONS WITH PARENTS OR PARENTS' ORGANIZATIONS

GE (EXHIBIT) B

ORGANIZATION NAME:		
SCHOOL AFFILIATION:		
REPORT OF ACTIVITIES FOR THE SCHOOLYEAR ENDED:		
SECTION B (THIS SECTION MUST BE CO HAD GROSS RECEIPTS IN		
Cash at the beginning of the year	\$	
Total amount of money raised/received during the year	\$	
Total amount of money spent during the year	\$	
Cash at the end of the year	\$	
Schedule A (Income)		
Activities completed during the Year		
	\$	
	\$	
	\$	
	\$	
Were all deposits made intact? (Without cash page 5. had to P. (France 1992)	aid out's)YesNo	
Schedule B (Expenditures)	¢.	
	\$	
	\$ \$	
	\$	
Were all expenditures made by check:	YesNo	