

School Support Organization Annual Financial Report

School Year Ending: June 30, 20_____

Organization Name: _____

President: _____ Phone Number: _____

Treasurer: _____ Phone Number: _____

1. Objectives and activities completed by the organization:

2. SSO cash balance as of July 1, 20_____(beginning of the school year): \$ _____

3. Revenue- Money raised by SSO during the school year (listed by activity or fundraiser):

A.	\$	_____
B.	\$	_____
C.	\$	_____
D.	\$	_____
E.	\$	_____
Total revenue raised during the school year	\$	_____

4. Expenses- Purchases made by SSO during the school year (activities, equipment, services, etc.):

A.	\$	_____
B.	\$	_____
C.	\$	_____
D.	\$	_____
E.	\$	_____

5. Payments made to Bristol Virginia Public Schools Employee(s):

Employee Name	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. School Support Organization bank balance at the end of school year: \$ _____

SSO Annual Financial Report prepared by:

Signature

Date

Print Name

Date received: _____ Received By: _____