



MUIDS International Day Budget

Class: _____

Class Leader (print name): _____

Supervising Teacher (print name): _____

The following certifies that the above Class Leader has received funding from the Supervising Teacher in the amounts specified below.

Amount Distributed: _____

Date: _____

Amount Distributed: _____

Date: _____

Class Leader signature: _____

Date: _____

Class Leader signature: _____

Date: _____

Budget (Please Keep all Possible Receipts)	
Item(s)	Cost

All money which has not been spent must be returned to supervising teacher.

Amount Returned: _____

Date: _____

Supervising Teacher Signature: _____