

**Ardmore City Schools
Annual Activity Account Review/Approval**

School Year: _____

Activity Account Name: _____

Activity Account Number: _____ School Site: _____

Mission or Purpose

Sources of Income

Expenditures

Name of Sponsor	Sponsor's Signature
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Principal/Administrator Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

Board of Education Approval: _____ Date: _____