## **Ozaukee County 4-H Leaders Association**

Budget Request: 20\_\_\_\_\_ to 20\_

Fiscal Year July 1 - June 30 If writing by hand, must be legible **EVENT or PROJECT Anticipated Income** Amount Explanation Participant Fees \$ \$ **Outside Donations** Other Income \$ \$ Other Income \$ Other Income \$ Other Income \$ Other Income Other Income \$ \$ **Total Income Anticipated Expenses** Explanation Amount **Facility Rental** \$ Awards \$ \$ \$ \$ \$ \$ \$ \$ \$ **Total Expenses** \$ **Total Income** \$ Minus Total Expenses **NET PROFIT or LOSS** \$ Amount of funds requested from the Leaders Association Reason for Requesting Funds: Submitted By

All budget requests are DUE to Extension office and treasurer@oz4hleaders.org by May 1

**Phone Number**