

Arts Teacher's Funding Account

Teacher name _____ School _____ Area of Specialty _____
(Art, Band, Choir, Dance, Drama, General Music, Strings)

Beginning Balance _____

Receipt	Date	Vendor	Receipt Total	Balance
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Ending Balance _____

Please attach copies of invoices in chronological order.

 Teacher's Signature Date