ALL FUNDS CAMPUS BTOs
FY21 - CAC Signature Document

Campus: _____ _____
CAMPUS NUMBER

Principal: _____ _____
PHONE NUMBER

Bookkeeper: _____ _____
PHONE NUMBER

By signing below, members of the Campus Advisory Council are indicating they have reviewed the proposed spending plan as identified in all funds BTOs, and are aware of budgeted expenditures.

Printed Name of CAC Member	Signature of CAC Member	Date of Signature

Please scan completed document and save to your Google File Stream Team drive. When saved, notify via emai to:

Secondary & Special Campuses jessica.a.hart@austinisd.org
Elementary & Child Care Campuses amber.halbach@austinisd.org

Also send notification via email to: Associate Superintendent
Title I Budget Specialist (if Title I campus)