

BUDGET CERTIFICATION

Date:

To: State Superintendent of Education

This is to certify that the FY 20__ budget of estimated revenues and expenditures for the support, maintenance and operation of this school district has been filed with the tax levying authority as required by Section 37-61-9, Mississippi Code of 1972 (Ann.), as amended.

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|---|---------------|
| Name of District: | District No.: |
| Date budget filed with taxing authority: | |
| Signature of Superintendent: | |
| Signature of School Board Chairman: | |
| Signature of Taxing Authority Official: _____ | |
| Title of Taxing Authority Official: _____ | |

Please submit to the Office of School Financial Services via SharePoint. Place in the appropriate fiscal year folder for Annual Forms prior to August 15th.