

County Budget Summary

_____ County Extension Council

Year Ending _____

Council Employees - Total FTE _____

We certify that the budget is approved for the Calendar year indicated.

Signed: _____ Date: _____
County Program Director

Signed: _____ Date: _____
Chair, University Extension Council

Distribution: 1 copy to Regional Director; 1 copy to Council file
Regional Director forwards copy to MU Extension Fiscal Office

UM-UE 103a – County Budget Summary