

PARENT COUNCIL SURPLUS BALANCE TRANSFER FORM

Parent Council Name _____

Closing Balance as at 31st July _____ £ _____ A

Less 20% of *Administration* Payment _____ £ _____ B

Amount available to transfer to transfer to school _____ £ _____ A-
B=C

Surplus balance to be transferred* _____ £ _____ *must
be
less
than C
above*
to Falkirk Council and then allocated to your school(s)

School (s) _____

Date of Parent Council Meeting at which decision was made _____

Chairperson Signature _____

Print Name _____ Date _____

PLEASE RETAIN A COPY AND FORWARD THE ORIGINAL TO FINANCE TEAM WITH A CHEQUE PAYABLE TO FALKIRK COUNCIL FOR THE *BALANCE TO BE TRANSFERRED