Complete Section A or B; and C

MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION. (For Donations, use Section B)

Account Name	_		No Financial I	mpac	t					
Account Number	_	Fund	Function		Object		Cost Center		Project	Sub Project
Original Approved Budget	+ -	Budget Amendments	Expenditures / - Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available	
	\$		\$	\$		\$		\$		
Account Name	_									
Account Number	_	Fund	Function		Object		Cost Center		Project	Sub Project
Original	+	Budget Amendments	Expenditures / - Encumbrances	=	Current Available	-	Present Request	=	Remaining Balance	
Approved Budget	-		To Date		Budget				Available	

B. Item Currently Not Budgeted - Funding Source	¢¢					
Account Number	Fund	Function	Object	Cost Center	Project	Sub Project
Funding Source Account Name Account Number						
Amount <u>\$</u>	Fund	Function	Object	Cost Center	Project	Sub Project

C. History		
Check one: Prior Year Budget: New for Current Year:	8	
	Prior Year Approved Budget:	<u>\$ 10,000.00</u>
	Prior Year Actual Spent:	<u>10,000.00</u>

** WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT**