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

A. Item Currently Budgeted -

Account Name: General Funds- Elevator and Wheelchair Lift Preventive Maintenance

Account Number	1100	8100	3510/3500	9550	4950	
	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
$ 55,000.00		$ 0.00		$ 0.00		$ 55,000.00		$ 55,000.00		$ 0.00

Account Name: _____

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
$		$		$		$		$		$

B. Item Currently Not Budgeted -*

Funding Source: _____

Account Name: _____

Account Number						
	Fund	Function	Object	Cost Center	Project	Sub Project

Amount $ _____

Funding Source: _____

Account Name: _____

Account Number						
	Fund	Function	Object	Cost Center	Project	Sub Project

Amount $ _____

C. History

Check one:
Prior Year Budget: ◯
New for Current Year: ◯

Prior Year Approved Budget: _____

Prior Year Actual Spent: _____

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