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

A. Item Currently Budgeted -

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

$ _____ $ _____ $ _____ $ _____ $ _____ $ _____

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   Students are paying through Internal Accounts

Account Name   Digital Video Production - NCTHS

Account Number

Fund	Function	Object	Cost Center	Project	Sub Project
802	3000	331	0351	922	2300

Amount $ 22,176

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**

AAHSFF TRIP BUDGET	
FLIGHTS	$3,739
HOTEL DOUBLE ROOMS	$9,710
AAHSFF ALL-ACCESS PASSES	$6,365
AAHSFF FI DEPOSIT	$1,000
MTA TRANSPORT PASSES	$640
AIRPORT SHUTTLE	$722
	$22,176