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

Account Name	_	Safe Schools O	ut of Sta	ate travel							
Account Number		1100		7900		3340		9551		M2050	
,	_	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	
7,000.00	\$	0.00	\$	0.00	\$	7,000.00	\$	\$6,500.00	\$	\$500.00	
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
Funding Source						
Account Number	Fund	Function	Object	Cost Center	Project	Sub Project

C. History		
Check one: Prior Year Budget: New for Current Yea		
	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\*\*