## $\frac{\text{MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.}}{\text{(For Donations, use Section B)}}$

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	
3	\$		\$	\$	\$	\$	
Account Name	_	Mental Health					
Account Number		1120E	5100	3100	9001	00106	
	) <del>-</del>	1120E Fund 4,533.32	5100 Function	3100 Object	9001 Cost Center	00106 Project	Sub Project
	nt <sub>\$</sub> 124	Fund					Sub Project
Amou	124 124	Fund 4,533.32	Function				Sub Project
Amou	124 124	Fund 4,533.32 Millage Continuation o	Function f Programs 5100	Object 3100	Cost Center	Project 00108	
Amount Funding Source Account Name Account Number	124 124	Fund 4,533.32 Millage Continuation o	Function f Programs	Object	Cost Center	Project	
Amount Funding Source Account Name Account Number	124 124	Fund 4,533.32 Millage Continuation o	Function f Programs 5100	Object 3100	Cost Center	Project 00108	
Amount Funding Source Account Name Account Number Amou	124 124	Fund 4,533.32 Millage Continuation o	Function f Programs 5100	Object 3100	Cost Center	Project 00108	Sub Project
Amount Funding Source Account Name Account Number	124 	Fund 4,533.32 Millage Continuation o	Function f Programs 5100	Object 3100	Cost Center	Project 00108	
Amount Funding Source Account Name Account Number Amount State of the	124 10 10 10 10 10 10 10 10 10 10 10 10 10	Fund 4,533.32 Millage Continuation o	f Programs  5100  Function	Object 3100	Cost Center	Project 00108	

<sup>\*\*</sup> WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT\*\*

## $\frac{\text{MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.}}{\text{(For Donations, use Section B)}}$

A. Item Currently Budget	ted -						
Account Name							
Account Number		Fund	Function	Object	Cost Center	Project	Sub Project
Original		Budget	Expenditures /	Current	Present	Remaining	
Approved Budget	+	Amendments	- Encumbrances To Date	= Available Budget	- Request	= Balance Available	
\$	\$		\$	\$	\$	\$	
Ψ			Ψ	Ψ			
Account Name							
Account Number		Fund	Function	Object	Cost Center	Project	Sub Project
Original					Present		Oub i Tojou
Original Approved Budget	+	Budget Amendments	Expenditures / - Encumbrances To Date	Current = Available Budget	- Request	Remaining = Balance Available	
\$	\$		\$	\$	\$	\$	
Funding Source		Mental Health					
B. Item Currently Not Bu		Millage					
Account Name							
Account Number		1120E	5100	5100 Object	9001 Cost Center	00106 Project	Sub Project
Amount	<sub>\$</sub> 5,	000.00	Function	Object	Cost Ceriter	Project	oub i roject
Funding Source		Millage					
Account Name		Continuation of					
Account Number		1120E	5100	5100	9001	00108	
	-	Fund	Function	Object	Cost Center	Project	Sub Project
Amount	<sub>\$</sub> 5,	000.00					
C. History							
Check one: Prior Year Budget: New for Current Year:							
	Prior	Year Approved Budget:	\$				
	Prior	Year Actual Spent:	\$				

<sup>\*\*</sup> WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT\*\*