

Complete Section A or B; and C

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	Millage					
Account Name	Mental Health					
Account Number	1120E	5100	3100	9001	00106	
	Fund	Function	Object	Cost Center	Project	Sub Project
Amount	\$ 124,533.32					

Funding Source	Millage					
Account Name	Continuation of Programs					
Account Number	1120E	5100	3100	9001	00108	
	Fund	Function	Object	Cost Center	Project	Sub Project
Amount	\$ 124,533.31					

C. History	
Check one:	
Prior Year Budget:	<input type="checkbox"/>
New for Current Year:	<input checked="" type="checkbox"/>
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****

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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	Millage										
Account Name	Mental Health										
Account Number	1120E	5100	5100	9001	00106						
	Fund	Function	Object	Cost Center	Project	Sub Project					
Amount	\$ 5,000.00										

Funding Source	Millage										
Account Name	Continuation of Programs										
Account Number	1120E	5100	5100	9001	00108						
	Fund	Function	Object	Cost Center	Project	Sub Project					
Amount	\$ 5,000.00										

C. History	
Check one:	
Prior Year Budget:	<input type="checkbox"/>
New for Current Year:	<input checked="" type="checkbox"/>
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****