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

A. Item Currently Budgeted -

Account Name _____ No Financial Impact _____

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 _____

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**