MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

Account Name	_	2025-2026 Health Insurance - All Funds									
Account Number	-	11XX/4110/42XX Fund	<	Various Function		2300 Object		Various Cost Center		Various Project	Sub Project
Original Approved Budget	+	Budget Amendments		Expenditures / Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available	
21,333,870	\$		\$		\$	21,333,870	\$		_\$_	21,333,870	
Account Name	_										
Account Number	_	Fund		Function	- —	Object		Cost Center		Project	Sub Project
Original		Budget		Expenditures / Encumbrances	=	Current Available		Present Request	=	Remaining Balance	
Approved Budget	+	Amendments	-	To Date	_	Budget	-	rrequest		Available	
	+ - \$	Amendments		To Date			\$	rrequest			
Budget	- <u>\$</u>			To Date		Budget	\$	rrequest		Available	

	_	_	_	_
C.	Н	is	to	rv

Check one:

Prior Year Budget:
New for Current Year:

Account Number

Amount \$

Prior Year Approved Budget: \$21,613,922 Prior Year Actual Spent: \$20,265,536

Fund

Function

** WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT**

Object

Cost Center

Project

Sub Project