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: Mental Health

Account Name: 2026-2027 Budget

Account Number

Fund	Function	Object	Cost Center	Project	Sub Project
1100E	6100	3340	9440	6490	

Amount $ 3,300.00 (not to exceed)

Funding Source: Mental Health - Registration, Dues & Fees

Account Name: 2026-2027 Budget

Account Number

Fund	Function	Object	Cost Center	Project	Sub Project
1100E	6100	7300	9440	6490	

Amount $ 1,200.00

C. History

Check one:
Prior Year Budget: X ○
New for Current Year: ○

Prior Year Approved Budget: $ 4,800.00

Prior Year Actual Spent: $ 4,800.00

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