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   General Fund, Transportation, Out of State Travel - Included in the **2024-2025 Budget Request**

Account Name _____

Account Number

Fund	Function	Object	Cost Center	Project	Sub Project
1100	7800	3340	9602	401	

Amount $ 184.00

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: $ ___.00___
Prior Year Actual Spent: $ _72.00_

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