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: **Grant Funding**

Account Name: **The Comprehensive Support Grant**

Account Number:

Fund	Function	Object	Cost Center	Project	Sub Project
4210E	6400	3100-5100	various	94401	

Amount $77,222.00

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: $ _____

Prior Year Actual Spent: $ _____

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