MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

A. Item Currently Budge	ted -						
Account Name		Food and Nutrition					
Account Number	-	4110	7600	3340	9002	00100	000000
Account Number	-	Fund	Function	Object	Cost Center	Project	Sub Project
Original		Budget	Expenditures /	Current	Present	Remaining	
Approved Budget	+	Amendments -	Encumbrances To Date	= Available Budget	- Request	= Balance Available	
8,000	\$	0	\$ 0	\$ 8,000	_{\$} 5,030	\$ 2,970	
Account Name							
Account Number	_						
Account Number	-	Fund	Function	Object	Cost Center	Project	Sub Project
Original		Budget	Expenditures /	Current	Present	Remaining	
Approved Budget	+	Amendments -	Encumbrances To Date	= Available Budget	- Request	= Balance Available	
\$	\$		\$	\$	\$	\$	
Ψ	Ψ		Ψ	Ψ		Ψ	
B. Item Currently Not Bu	idgeted _	_**					
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:	ΟX						
New for Current Year:	_		8,000				
		Year Approved Budget: Year Actual Spent:	\$ \$ 0				

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