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: **Payments and Fundraising from HHS Band Students**

Account Name: **HHS Band**

Account Number:

8020E	9800	3310	0051	92100	1200
Fund	Function	Object	Cost Center	Project	Sub Project

Amount $ **46,750.00**

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**