MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.
(For Donations, use Section B)

A. Item Currently Budgeted -

Account Name: Various funding source

	Fund	Function	Object	Cost Center	Project	Sub Project
Account Number	3XXXE	7400	6XXX	9009	MXXXX	

Original Approved Budget	+ −	Budget Amendments	−	Expenditures / Encumbrances To Date	=	Current Available Budget	−	Present Request	=	Remaining Balance Available
$ 100,000.00		$ 0.00		$ 0.00		$ 100,000.00		$ 100,000.00		$ 0.00

Account Name: _____

	Fund	Function	Object	Cost Center	Project	Sub Project
Account Number						

Original Approved Budget	+ −	Budget Amendments	−	Expenditures / Encumbrances To Date	=	Current Available Budget	−	Present Request	=	Remaining Balance Available
$		$		$		$		$		$

B. Item Currently Not Budgeted -**

Funding Source: _____
Account Name: _____

	Fund	Function	Object	Cost Center	Project	Sub Project
Account Number						

Amount $ _____

Funding Source: _____
Account Name: _____

	Fund	Function	Object	Cost Center	Project	Sub Project
Account Number						

Amount $ _____

C. History

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

Prior Year Approved Budget: 100,000.00
Prior Year Actual Spent: 100,000.00

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

Budget Sheet - Revised Sept. 24, 2021