## $\frac{\text{MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.}}{\text{(For Donations, use Section B)}}$

A. Item Currently Budg	eted -									
Account Name										
Account Number										
		Fund	Function		Object		Cost Center		Project	Sub Project
Original Approved	+	Budget Amendments	Expenditures / - Encumbrances	=	Current Available		Present Request	=	Remaining Balance	
Budget	-	Amendments	To Date	_	Budget	-	Request	_	Available	
_\$	\$		\$	\$		\$	i	\$		
Account Name										
Account Number		Fund	Function		Object		Cost Center		Project	Sub Project
Outsin al									-	oub i roject
Original Approved	+	Budget Amendments		=	Current Available	-	Present Request	=	Remaining Balance	
Budget	-		To Date		Budget				Available	
_\$	\$		\$	\$		\$		\$		
B. Item Currently Not B	udgeted	1 -**								
Funding Source Mental Health										
Account Name		2025-2026 Budget								
					20.40		0440		0400	
Account Number		1100E Fund	6100 Function	_	3340 Object	-	9440 Cost Center		6490 Project	Sub Project
Атош	nt & 4	800 00			,					•
Amount <u>\$ 4,800.00</u>										
Funding Source										
Account Name										
Account Number										
Account Number		Fund	Function	_	Object	-	Cost Center	-	Project	Sub Project
Amou	nt \$									
C. History										
Check one: Prior Year Budget: New for Current Yea	O r: ⊗									
	Prior	Year Approved Budget:	\$ 0							
	Prior Year Actual Spent:			_						

<sup>\*\*</sup> WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT\*\*