Complete Section A or B; and C

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

Account Name	Impact Fee	e Fund				
Account Number	3960E	7400	6800	0392	M2340	
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	
2,001,407.00	_{\$} 0.00	\$ 0.00	<u>\$</u> 2,001,407.00	_{\$} 2,001,407.00	_{\$} 0.00	
Account Name						
Account Name Account Number						
	Fund	Function	Object	Cost Center	Project	Sub Projec
Account Number Original	Budget	Expenditures /	Current	Present	Remaining	Sub Projec
Account Number Original						Sub Projec

B. Item Currently Not Budgeted - ³ Funding Source	**						
Account Name							
Account Number	Fund	Function	Object	Cost Center	Project	Sub Project	
Amount <u>\$</u>							
Funding Source							
Account Name							
Account Number	Fund	Function	Object	Cost Center	Project	Sub Project	
Amount <u>\$</u>							

Check one: Prior Year Budget: O			
Prior Year Budget:			
New for Current Year: 🕉			
	ved Budget: \$ 0.00		
Prior Year Appro	veu Duugei. $\phi_{___}$	_	
Prior Year Actua	Spent: \$ 0.00		

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