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

**A. Item Currently Budgeted -**

Account Name: 1/2 Cent Funds- JD Floyd Phase II Soffit Replacement Project

| Account Number | 3983E | 7400 | 6800 | O231 | M2340 | |
|---|---|---|---|---|---|---|
| | 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| $ 500,000.00 | | $ 0.00 | | $ 0.00 | | $ 500,000.00 | | $ 500,000.00 | | $ 0.00 |

| 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:

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:** ○
**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****