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

A. Item Currently Budgeted -

Account Name: **Food Services**

Account Number	**4110E**	**7600**	**5700**	**9002**	**00100**	**00000**
	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
$ 8,535,000		$ 0		$ 5,794,979		$ 2,740,021		$ 120,000		$ 2,620,021

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: $ 7,420,000
Prior Year Actual Spent: $ 7,099,548

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