## MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

Account Name		Food Services						
Account Number		4110E	7600		5700	9002	00100	00000
, 1000 and 11 and 100	_	Fund	Function	_	Object	Cost Center	Project	Sub Project
Original		Budget	Expenditures /		Current	Present	Remaining	
Approved Budget	+	Amendments	- Encumbrances To Date	=	Available Budget	- Request	= Balance Available	
8,535,000	\$	0	<sub>\$</sub> 5,794,979	\$	2,740,021	<sub>\$</sub> 120,000	\$ <b>2,620,021</b>	
Account Name	_							
Account Number	_	Fund	Function		Object	Cost Center	Duringt	Sub Project
		Fund	Function		Object	Cost Center	Project	Sub Projec
Original Approved	+	Budget Amendments	Expenditures / - Encumbrances	=	Current Available	- Present - Request	Remaining = Balance	
Budget	-	Amendments	To Date	-	Budget	- Nequest	Available	
	\$		\$	\$		\$	\$	
Item Currently Not B	udgeted ·	**						
Funding Source	_							
Account Name	_							
Account Number								
	_	Fund	Function		Object	Cost Center	Project	Sub Projec

C. History	
Check one:	
Prior Year Budget:	X
Now for Current Voor	

Funding Source

Account Name

Account Number

Amount \$

Amount \$

Prior Year Approved Budget: \$ 7,420,000

Prior Year Actual Spent: \$ 7,099,548

Function

Fund

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

Object

Cost Center

Project

Sub Project