

Complete Section A or B; and C

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

A. Item Currently Budgeted -

Food and Nutrition Services - Food Service Equipment

Account Name	Food and Nutrition Services - Food Service Equipment					
Account Number	4110E	7600	3500	9002	00100	00000
	Fund	Function	Object	Cost Center	Project	Sub Project
Original Approved Budget	+	Budget Amendments	-	Expenditures / Encumbrances To Date	=	Current Available Budget
\$ 275,000.00		\$ 442,107.00		\$ 247,354.00		\$ 125,000.00
				-	Present Request	=
					\$ 152,354.00	Remaining Balance Available

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**