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

**A. Item Currently Budgeted -**

Account Name: Impact Fees- CM Pre-Construction Services for Eastside Elementary Classroom & Cafeteria Building Project

| Account Number | 3960E | 7400 | 6800 | O171 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| $ 215,000.00 | | $ 0.00 | | $ 0.00 | | $ 215,000.00 | | $ 215,000.00 | | $ 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\*\***