## MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

Account Name	S	pecial Revenue Feder	al ESE Professional & Te	chnical IDEA 2024-25			
Account Number		4210	5200	3100	9005	85250	
Account Number	-	Fund	Function	Object	Cost Center	Project	Sub Project
Original Approved Budget 397,293.26	+ - \$	Budget Amendments -	Expenditures / Encumbrances To Date 0.00	Current Available Budget 397,293.26	Present Request 80,000.00	Remaining  = Balance Available  317,293.26	-
Account Name							
Account Number							
		Fund	Function	Object	Cost Center	Project	Sub Project
Original Approved	+	Budget Amendments	Expenditures / - Encumbrances	Current = Available	Present - Request	Remaining = Balance	
Budget	-	Amendments	To Date	Budget	- Noquest	Available	
\$	\$		\$	\$	\$	\$	
Funding Source	_	k vi					
Funding Source  Account Name  Account Number	_						
Account Name	- -	Fund	Function	Object	Cost Center	Project	Sub Project
Account Name	<u> </u>		Function	Object	Cost Center	Project	Sub Project
Account Name Account Number	\$	Fund	Function	Object	Cost Center	Project	Sub Project
Account Name Account Number Amount	\$	Fund	Function	- Object	Cost Center	Project	Sub Project
Account Name Account Number Amount Funding Source	<u>\$</u>	Fund					Sub Project
Account Name Account Number Amount Funding Source Account Name		Fund	Function	Object	Cost Center  Cost Center	Project Project	Sub Project
Account Name Account Number  Amount  Funding Source Account Name Account Number		Fund					
Account Name Account Number  Amount  Funding Source Account Name Account Number		Fund					
Account Name Account Number  Amount  Funding Source Account Name Account Number  Amount	- - \$	Fund					
Account Name Account Number  Amount  Funding Source Account Name Account Number  Amount  C. History Check one: Prior Year Budget:	\$	Fund					

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