## Complete Section A or B; and C

Funding Source

Account Name

Account Number

Amount \$

Fund

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

	Account Name	_										Appares and a second a second and a second a
	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	
		\$		\$				\$		\$		
person	Account Name	optowonys) at const										
	Account Number	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fund		Function		Object		Cost Center	-	Project	Sub Project
	Original Approved Budget	+	Budget Amendments		Expenditures / Encumbrances To Date	s	Current Available Budget	-	Present Request	=	Remaining Balance Available	
		\$		\$		\$		\$		\$		
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	Funding Source		Payments ar	nd Fur	ndraising Ac	tivities	from Stud	ents				
	Account Name	HHS Senior Class of 2026										
	Account Number	,0000	8020E		9800		3340		0051		92200	20260

History				
Check one:				
Prior Year Budget:				
New for Current Ye	ar: 🔘			
	Prior Year Approved Budget:	<b>D</b>		

Function

Object

Cost Center

Project

Sub Project

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