

Complete Section A or B; and C

MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

A. Item Currently Budgeted -

Account Name		Office of Safe Schools Out Of State Travel								
Account Number		1100	7900	3340	9551	M2050				
		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
\$ 4,000.00		\$ 0.00		\$ 0.00		\$ 4,000.00		\$ 500.00		\$ 3,500.00
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**