MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

Account Number							
	_						
Account Number	-	Fund	Function	Object	Cost Center	Project	Sub Project
Original Approved Budget	+	Budget Amendments	Expenditures / - Encumbrance: To Date		Present - Request	Remaining = Balance Available	
\$	\$		\$	\$	\$	\$	-
Account Name	_						
Account Number							
	_	Fund	Function	Object	Cost Center	Project	Sub Project
Original Approved Budget	+	Budget Amendments	Expenditures / - Encumbrance: To Date		- Present - Request	Remaining = Balance Available	
\$	\$		\$	\$	\$	\$	
Account Name		Instructional Materials					
Account Name	_	Instructional M	laterials				
Account Number	_	1100E Fund	5100 Function		9410 Cost Center	50400 Project	Sub Project
Amount	\$ 2	05,485.00	-	Object	COSt Center	i ioject	oub i roject
Funding Source							
Account Name	_						
A anatomic Niconsis	_	Fund	- Function	Object	Cost Center	Project	Sub Project
Account Number		i uliu					Sub Project
		Fund	Function	Object	Cost Center	Project	

^{**} WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT**