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

A. Item Currently Budgeted -

Account Name: Impact Fee Fund

Account Number	3960E	7400	6700	9009	M2230	
	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
$ 26,000.00		$		$		$ 26,000.00		$ 26,000.00		$ 0

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: $ _____ 0 _____
Prior Year Actual Spent: $ _____ 0 _____

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

Budget Sheet - Revised Sept. 24, 2021