



DISTRICT SCHOOL BOARD OF PASCO COUNTY BUDGET AMENDMENT REQUEST FORM

MIS Form #115
Rev. 04/19

TO: BUDGET DEPARTMENT

JE # _____

FROM: _____

Entry Date _____

Cost Center Name

Cost Center Number

Section 1: DECREASE

1 Fund	2 Cost Center	3 Project	4 Object	5 Function	6 Sub Proj./ Program	7 Current Budget	8 Amount of Reduction	9 Revised Budget
						\$	(\$)	\$
						\$	(\$)	\$
						\$	(\$)	\$
						\$	(\$)	\$

Section 2: INCREASE

1 Fund	2 Cost Center	3 Project	4 Object	5 Function	6 Sub Proj./ Program	7 Current Budget	8 Amount of Increase	9 Revised Budget
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$

What is the purpose of the Budget Amendment?

SIGNATURE OF COST CENTER ADMINISTRATOR

DATE

District Use Only

Approved By: _____

Date: _____

INSTRUCTIONS FOR BUDGET AMENDMENT REQUEST FORM

Section 1: This section is to be used to indicate where the funds are to come from to fund the amendment request.

Columns 1, 2, 3, 4, 5, 6 and 7 - coding for those accounts that are to be decreased.

Column 8 - The amount of the decrease by account number.

Section 2: This section is to be used to indicate where the funds are to be increased.

Columns 1, 2, 3, 4, 5, 6 and 7 - coding for those accounts that are to be increased.

Column 8 - The amount of the increase by account number.

Explanation of the purpose for Budget Amendment.

Signature of Cost Center Administrator approving the Budget Amendment.