

BOARD OF TRUSTEES AGENDA

☐ Workshop	☒ Regular	☐ Special
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(A) ☐ Report Only ☐ Recognition

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

(B) ☒ Action Item

Presenter(s): SAMUEL MIJARES, SUPERINTENDENT
ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS & FINANCE

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AMEND
THE GENERAL FUND BUDGETS.

(C) Funding source: Identify the source of funds if any are required.

REALIGNMENT OF FUNDS AND CARRY FORWARD FUNDS.

(D) Clarification: Explain any question or issues that might be raised regarding this item.

SEE ATTACHED MEMORANDUM.



TO: Samuel Mijares, Superintendent

FROM: Ismael Mijares, Deputy Superintendent for Business & Finance

DATE: October 1, 2025

SUBJECT: ***Budget Amendments***

This is the first of three (3) times during the year when principals and directors are allowed to submit budget amendments to transfer funds within their allocation. Attached are the General Fund Budget Amendments submitted by the campuses and departments.

The Budget Amendments also include carry forward funds from prior year in the amount of: \$155,800 for 170-Middle Rio Grande-CCPS.

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund:170 -MIDDLE RIO GRANDE

PAGE 1 OF 1

DATE: 9/26/25

REFERENCE NO. _____

[illegible]

REASON FOR REQUEST: TO APPROPRIATE CARRY-FORWARD CHILD-CARE PROVIDER SERVICES FUND

ORIGINATOR

DATE _____

SUPERINTENDENT

DATE _____

FINANCE

BOARD OFFICER

DATE _____

DISAPPROVAL:

NAME _____

DATE _____

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME _____

DATE _____

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

FUND: 172

TRS ON BEHALF

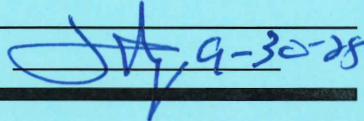
PAGE 1 OF 1

DATE: 9/30/2025

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.				DESCRIPTION		
172	11	6XXX			6	XX	X	XX	TRS ON-BEHALF BENEFIT	+	(500,000)
172	41	6XXX			6	XX	X	XX	TRS ON-BEHALF BENEFIT	-	500,000
TOTAL											0.00

REASON FOR REQUEST: REALIGNMENT OF FUNDS

ORIGINATOR  9-30-25

<u></u>	DATE <u>9-30-25</u>	SUPERINTENDENT _____	DATE _____
FINANCE	DATE	BOARD OFFICER _____	DATE _____

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 199-6 M & O

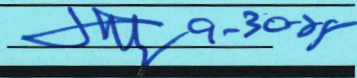
PAGE 1 OF 1

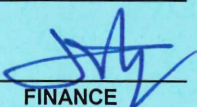
DATE: 9/29/2025

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.				DESCRIPTION		
199	11	6XXX			6	XX	X	XX	INSTRUCTIONAL	+	(3,650)
199	23	6XXX			6	XX	X	XX	SCHOOL LEADERSHIP	-	3,400
199	51	6XXX			6	XX	X	XX	PLANT MAINTENANCE & OPERATIONS	-	250
TOTAL											0.00

REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2025-2026 school year.

ORIGINATOR  9-30-25

<u></u> FINANCE	DATE <u>9-30-25</u> DATE	SUPERINTENDENT BOARD OFFICER	DATE DATE
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DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
NAME DATE