

BOARD OF TRUSTEES
AGENDA

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> 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 BUDGET.

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

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

SEE ATTACHED MEMORANDUM.



EAGLE PASS INDEPENDENT SCHOOL DISTRICT

TO: Samuel Mijares, Superintendent

FROM: Ismael Mijares, Deputy Superintendent for Business & Finance

Ismael
Mijares
2023.02.0
2 11:32:22
-06'00'

DATE: February 1, 2023

SUBJECT: *Budget Amendments*

This is the second 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.

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 167

PAGE 1 OF 1

DATE: 2/1/2023

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
167	11	6XXX	XX	XXX	3	XX	X	XX	INSTRUCTIONAL	-	33,670
167	13	6XXX	XX	XXX	3	XX	X	XX	C & I STAFF DEVELOPMENT	+	(23,300)
167	21	6XXX	XX	XXX	3	XX	X	XX	INSTRUCTIONAL LEADERSHIP	+	(5,370)
167	31	6XXX	XX	XXX	3	XX	X	XX	GUIDANCE, COUNSELING & EVAL SRVS	+	(5,000)
TOTAL											

REASON FOR REQUEST: REALIGNMENT OF FUNDS

70 _____

ORIGINATOR *Donna Agnew C. Shelton*

[Signature]

DATE 2/2/23

SUPERINTENDENT DATE

[Signature]

FINANCE DATE 2-2-23

BOARD OFFICER DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
NAME DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 168-3

PAGE 1 OF 1

DATE: 2/1/2023

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
168	11	6XXX	XX	XXX	3	XX	X	XX	INSTRUCTIONAL	+	(3,000)
168	36	6XXX	XX	XXX	3	XX	X	XX	CO-CURRICULAR/EXTRA CURRICULUM	-	3,000
TOTAL											-

REASON FOR REQUEST: To realignment of funds

ORIGINATOR *[Signature]* 1-5-23

[Signature] 2/1/23
 DATE

[Signature] 2-2-23
 FINANCE DATE

 SUPERINTENDENT DATE

 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 CARE ON-BEHALF

PAGE 1 OF 1

DATE: 2/1/2023

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
172	11	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	+	(1,500,000)
172	12	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
172	21	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
172	23	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
172	31	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
172	32	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
172	33	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
172	34	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	500,000
172	41	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	300,000
172	53	6XXX	XX	XXX	3	XX	X	XX	TRS CARE ON-BEHALF	-	100,000
									TOTAL		0.00

REASON FOR REQUEST: REALIGNMENT OF FUNDS.

ORIGINATOR 2-1-23

2-1-23
 FINANCE DATE

 SUPERINTENDENT DATE

 BOARD OFFICER DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
NAME DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 175
MAMA PATROL

PAGE 1 OF 1

DATE: 12/13/2022

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
175	00	3XXX	XX	XXX	3	XX	X	XX	FUND DRAWING	+	220,951
175	52	6XXX	XX	XXX	3	XX	X	XX	SALARIES	-	220,951
TOTAL											0.00

REASON FOR REQUEST: REALIGNMENT OF FUNDS.

ORIGINATOR

 FINANCE DATE 12-15-22

 SUPERINTENDENT DATE _____

 BOARD OFFICER DATE _____

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
NAME DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 199-3 M & O

PAGE 1 OF 1


DATE: 1/17/2023

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
199	11	6XXX			3	XX	X	XX	INSTRUCTIONAL	+	(15,009)
199	23	6XXX			3	XX	X	XX	SCHOOL LEADERSHIP	-	13,043
199	36	6XXX			3	XX	X	XX	CO-CURRICULAR/EXTRA CURRICULUM	-	2,800
199	51	6XXX			3	XX	X	XX	PLANT MAINTENANCE & OPERATIONS	-	825
199	52	6XXX			3	XX	X	XX	SECURITY AND MONITORING SERVICES	+	(1,659)
									TOTAL		-

REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2022-2023 school year.

ORIGINATOR  2-2-23

<u></u>	DATE <u>2-2-23</u>	SUPERINTENDENT	DATE
FINANCE	DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____