

**WEST ORANGE COVE - CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST**

X TRANSFER _____ AMENDMENT

ISSUING ORGANIZATION	DATE	REQUEST NUMBER
Technology	6/10/2014	

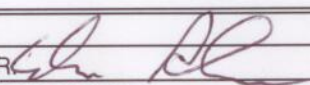
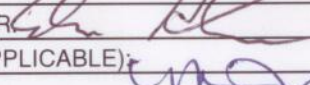
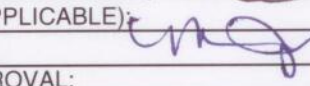
REVENUE

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	CURRENT REVENUE BUDGET	INCREASE OR DECREASE	AMENDED REVENUE
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL REVENUE		0.00	0.00	0.00

EXPENDITURE

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	CURRENT EXPENDITURE BUDGET	INCREASE OR DECREASE	AMENDED EXPENDITURE
199-E-53-6399-00-952-099-752	Supplies - Technology	35,000.00	3,529.17	31,470.83
199-E-52-6219-00-952-099-752	Professional Services	0.00	3,529.17	3,529.17
				0.00
				0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		35,000.00	0.00	35,000.00

Reason for request: Payment of E-Rate Consortium Fee for 2013-2014

ORIGINATOR:		DATE:	
ORGANIZATIONAL MANAGER:		DATE:	6/10/14
PROGRAM DIRECTOR (IF APPLICABLE):		DATE:	
BUSINESS MANAGER:		DATE:	6/10/14
BOARD OF TRUSTEES APPROVAL:		DATE:	

✓
6/10/14