

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): GILBERTO GONZALEZ, SUPERINTENDENT
ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS & FINANCE

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AMEND THE CAPITAL PROJECTS BUDGET.

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

\$87,363 616-SPECIAL PROJECTS FUND

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

SEE ATTACHED MEMORANDUM.



EAGLE PASS INDEPENDENT SCHOOL DISTRICT

TO: Gilberto Gonzalez, Superintendent

FROM: Ismael Mijares, Deputy Superintendent for Business & Finance

SUBJECT: ***BUDGET AMENDMENTS FOR SPECIAL PROJECTS***

DATE: September 23, 2015

Digitally signed
 by Ismael Mijares
 DN: cn=ismael
 Mijares, o=Eagle
 Pass ISD, ou=
 email=ismijares@
 eaglepassisd.net,
 c=US
 Date: 2015.10.01
 11:22:22 -0500

This Budget Amendment is to appropriate funds in the *Capital Projects Budget* for the *PA Systems* at the following schools based on the *5-Year Facility Study*:

Eagle Pass Junior High	\$44,370
Kirchner Elementary	11,883
Early Childhood Center	15,555
Benavides Elementary	<u>15,555</u>
Total:	<u>\$87,363</u>

This will reduce the *Special Projects Fund Balance* by \$87,363 from \$4,805,524 to \$4,718,161. Attached is the *Budget Amendment* to appropriate these Funds.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

PAGE 1 OF 1
CAPITAL PROJECTS
FUND 616-6

DATE: 09/23/15 REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB- OBJ.	ORG.	YEAR	PROG. INT.	DESCRIPTION	NOM	AMOUNT INCREASE/(DECR.)
616	81	6244	05	919	699		FACILITIES & ACQUISITION	-	87,363
616	00	3511	00	000	600		BUDGETARY FUND DRAWING	+	87,363
TOTAL:									0

REASON FOR REQUEST: TO APPROPRIATE FUNDS FOR PA SYSTEMS BASED ON THE 5-YEAR FACILITY STUDY.

ORIGINATOR 9-23-15

	DATE	SUPERINTENDENT	DATE
<u></u> FINANCE	<u>9-23-15</u> DATE		DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME DATE