

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, ASST. SUPERINTENDENT FOR BUSINESS AND 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.

RE-ALIGNMENT OF FUNDS: \$ -0

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

SEE ATTACHED MEMORANDUM.



TO: Gilberto Gonzalez, Superintendent

FROM: Ismael Mijares, Asst. Superintendent for Business and Finance

Digitally signed
by Signature
DN:
ou=EPSD,
email=ismijares@
eaglepassisd.net,
c=US
Date: 2014.03.28
08:44:57 -0500

SUBJECT: BUDGET AMENDMENTS

DATE: March 27, 2014

This is the third and final time during the year when principals/directors are allowed to submit budget amendments to transfer funds within their allocation.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

STATE COMPENSATORY
Fund 164-4

DATE: 3/25/2014

REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB-OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
164	11	61XX			4XX	INSTRUCTION	+	(185,163)
164	13	61XX			4XX	CURRICULUM AND INST STAFF DEVL.	-	111,904
164	31	61XX			4XX	GUIDANCE AND COUNSELING	-	16,464
164	33	61XX			4XX	HEALTH SERVICES	-	2,360
164	52	61XX			4XX	SECURITY AND MONITORING	-	24,218
164	61	61XX			4XX	COMMUNITY SERVICES	-	30,217
						TOTAL		0

REASON FOR REQUEST: To realign Budgeted Payroll Costs to Designated Function within Program Allocation

ORIGINATOR 3-27-14

	DATE	SUPERINTENDENT	DATE
FINANCE	3-27-14	BOARD OFFICER	DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

DATE: March 5, 2014


REFERENCE NO. 168-4 State Fund
Special Education Program

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB OBJ.	ORG.	YEAR	PROG. INTENT	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
168	11	62XX			4	XX	Supplies & Materials	+	(4,900)
168	11	64XX			4	XX	Non-Employees Travel	-	400
168	21	63XX			4	XX	Magazines & Periodicals	+	(100)
168	21	64XX			4	XX	Fees and Dues	-	4,600
							TOTAL :		

REASON FOR REQUEST: To realign the budget for the 2013-2014 school year.

ORIGINATOR *J. Gonzalez* 3/6/14.

	DATE <u>3-27-14</u> DATE	SUPERINTENDENT	DATE
BUSINESS FINANCE		BOARD OFFICER	DATE

DISAPPROVAL BY:

NAME	DATE
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REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME	DATE
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**EAGLE PASS INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST**

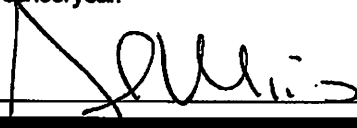
Date: March 21, 2014

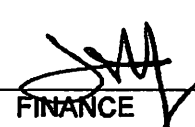
Reference No. _____

ACCOUNT NUMBER

FUND	FUNC	OBJ.	SUB OBJ.	ORG.	YEAR	PROG INTENT	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
169	11	61XX			4XX		EXTRA DUTY/TEACHERS	+	(500)
169	23	61XX			4XX		STIPENDS, SUPPORT PERSONNEL	-	500
169	11	62XX			4XX		PROFESSIONAL & CONTRACTED	-	7,500
169	11	63XX			4XX		SUPPLIES & MATERIALS	-	9,000
169	11	64XX			4XX		OTHER OPERATING COSTS	-	8,000
169	21	63XX			4XX		SUPPLIES & MATERIALS	+	(37,625)
169	23	63XX			4XX		SUPPLIES & MATERIALS	-	3,000
169	52	61XX			4XX		SALARIES, SUPPORT PERSONNEL	-	10,125
									-0-

REASON FOR REQUEST: Reassignment of funds to cover program needs for 2013-2014 school year.

ORIGINATOR 

 3-27-14
 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

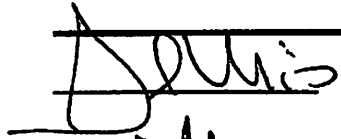
DATE: MARCH 6, 2014

REFERENCE NO. _____

ACCOUNT NUMBER									
FUND	FUNC	OBJ	SUB OBJ	ORG	YEAR	PROG INTENT	DESCRIPTION	NO	AMOUNT INCREASE (DECREASE)
169	11	6396	00	001	431	000	CONTROL ITEMS		(34.00)
169	31	6244	00	001	431	000	CONTRACTED MAINT. & REPAIR		(200.00)
169	31	6499	50	001	431	000	OTHER OPERATING COSTS		234.00
TOTAL:									- 0 -

REASON FOR REQUEST: **REALIGNMENT OF FUNDS.**

ORIGINATOR 


 BUSINESS/FINANCE

3/07/14
 DATE

3-22-11
 DATE

 SUPERINTENDENT

 BOARD OFFICER

 DATE

 DATE

DISAPPROVAL BY:

 NAME

 DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

 NAME

 DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

199-4 M & O FUND

Date: 03/26/14


REFERENCE NO. _____

ACCOUNT NUMBER

ACCOUNT NUMBER						AMOUNT	
FUND	FUNC	OBJ.	SUB-OBJ.	PROG.	DESCRIPTION	NOM.	INCREASE/DECREASE
199	11	63XX		4 XX	GENERAL SUPPLIES-INSTRUCTIONAL	+	(268)
199	11	64XX		4 XX	OTHER OPERATING EXP-INSTRUCTIONAL	+	(150)
199	12	63XX		4 XX	GEN'L SUPPLIES-LIBRARY & MEDIA	-	2,145
199	12	64XX		4 XX	OTHER OPERATING EXP-LIBRARY & MEDIA	+	(800)
199	13	62XX		4 XX	CONTRACTED SERVICES-STAFF DEVELOPMENT	-	500
199	21	63XX		4 XX	GEN'L SUPPLIES-INSTRUCTIONAL LEADSHIP	-	1,563
199	21	64XX		4 XX	OTHER OPERATING EXP-INSTRUCTIONAL LEADS	+	(1,563)
199	23	62XX		4 XX	CONTRACTED SERVICES-SCHOOL LEADERSHIP	+	(1,200)
199	23	63XX		4 XX	GEN'L SUPPLIES-SCHOOL LEADERSHIP	+	(737)
199	23	64XX		4 XX	OTHER OPERATING EXP-SCHOOL LEADERSHIP	-	1,090
199	31	63XX		4 XX	GEN'L SUPPLIES-GUIDANCE, COUNSELING	-	700
199	31	64XX		4 XX	OTHER OPERATING EXP-GUIDANCE, COUNSELIN	+	(500)
199	33	63XX		4 XX	GEN'L SUPPLIES-HEALTH SERVICES	-	100
199	36	64XX		4 XX	OTHER OPERATING EXP-CO-CURRICULAR/EXTR	+	(1,590)
199	51	63XX		4 XX	GENERAL SUPPLIES-MAINT & OPERATION	-	710
							0

REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2013-2014 school year.

ORIGINATOR _____

	DATE	SUPERINTENDENT	DATE
	3-27-14		
FINANCE	DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME DATE