

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 CAPITAL PROJECTS FUND BUDGET.

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

CAPITAL PROJECT FUNDS \$2,485,424.00

- (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
2022.06.
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08:51:14
-05'00'

DATE: May 26, 2022

SUBJECT: *Budget Amendment*

Attached is a budget amendment for \$2,485,424.00. These are the funds we received from the roofing projects settlement. The funds are being designated in the capital projects funds. These funds will be utilized to replace or repair the roofs or other damages for Eagle Pass High School, CC Winn High School and Eagle Pass Junior High.

Should you have any questions, please do not hesitate to call.

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 618
CONSTRUCTION FUND

PAGE 1 OF 1

DATE: 5/13/2022

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.				DESCRIPTION		
618	00	7XXX	XX	XXX	2	XX	X	XX	REVENUES	+	2,485,424
618	81	6XXX	XX	XXX	2	XX	X	XX	CONSTRUCTION	-	2,485,424
TOTAL											-

REASON FOR REQUEST: APPROPRIATIONS FOR DK HANEY ROOFING SETTLEMENT FUNDS

ORIGINATOR *[Signature]* 5-16-22

<u><i>[Signature]</i></u> FINANCE	DATE <u>5-16-22</u> DATE	SUPERINTENDENT _____ BOARD OFFICER _____	DATE _____ DATE _____
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DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____