

**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 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.



EAGLE PASS INDEPENDENT SCHOOL DISTRICT

TO: Gilberto Gonzalez, Superintendent

FROM: Ismael Mijares, Deputy Superintendent for Business & Finance

Digitally signed
by SmartFTP
Client
DN:
cn=SmartFTP
Client
Date:
2017.02.03
14:33:57 -06:00

SUBJECT: BUDGET AMENDMENTS

DATE: February 3, 2017

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.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

STATE COMPENSATORY
Fund 164-7

DATE: 01/09/17


REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB-OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
164	11	6XXX			7XX	INSTRUCTIONAL	+	(18,065)
164	52	6XXX			7XX	SECURITY AND MONITORING	-	18,065
TOTAL								0

REASON FOR REQUEST: REALINGMENT OF FUNDS.

ORIGINATOR *Borch* ¹⁻¹⁰⁻¹⁷



 FINANCE
 DATE 1-10-17

_____ SUPERINTENDENT _____ DATE _____
 _____ BOARD OFFICER _____ DATE _____

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____

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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

REPORT

1877

BY

AL

1877

IN CONNECTION WITH

THE COURSE OF

STUDY IN

PHYSICS

FOR THE

DEGREE OF

PH.D.

CHICAGO, ILL.

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PRINTED BY

UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILL.

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EAGLE PASS INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST

9/27/2016

REFERENCE NO. 166 - Bilingual

ACCOUNT NUMBER

FUND	FUNC.	OBJ	SUB-OBJ.	ORG.	PROG	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
166	11	63XX			7XX	SUPPLIES & MATERIALS		\$0
166	13	61XX			7XX	WORKER'S COMPENSATION	-	\$8
166	13	62XX			7XX	CONSULTANTS	-	\$8,327
166	21	61XX			7XX	WORKER'S COMPENSATION	-	\$5
166	21	63XX			7XX	SUPPLIES & MATERIALS	+	(\$8,940)
166	51	62XX			7XX	TELEPHONE	-	\$600
								\$0

REASON FOR REQUEST: To re-distribute Bilingual funds to best meet the needs of the students & program

ORIGINATOR

[Signature] 1-6-17

DATE

11/6/17

SUPERINTENDENT

DATE

FINANCE

DATE

2-3-17

BOARD OFFICER

DATE

DISAPPROVAL:

NAME

DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME

DATE

2016-2017 JANUARY BA

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

DATE: Jan. 6, 2017

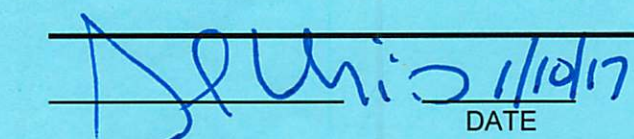
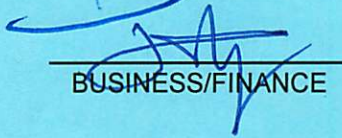
REFERENCE NO. 168-7 State Fund
Special Education Program

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB OBJ.	ORG.	YEAR	PROG. INTENT	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
168	11	62XX			7	XX	Contracted Services	+	(10,000)
168	93	64XX			7	XX726	Flow-Throught-Reg. School Deaf	-	10,000
TOTAL :									

REASON FOR REQUEST: To realign the budget for the 2016-2017 school year.

ORIGINATOR Z. James 1-10-17

	DATE		DATE
	SUPERINTENDENT		DATE
	DATE		DATE
	BUSINESS/FINANCE		DATE
	<u>2-3-17</u>		DATE
	DATE		DATE
	BOARD OFFICER		DATE

DISAPPROVAL BY:

NAME	DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME	DATE

PR
1-8-17

RECEIVED
JAN 10 2017
ASST. SUPT. - BUS. & FIN.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST

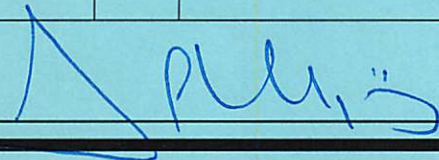
Date: January 26, 2017


Reference No. _____

ACCOUNT NUMBER

FUND	FUNC	OBJ.	SUB OBJ.	ORG.	YEAR	PROG INTENT	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
169	21	63XX			7	XX	GENERAL SUPPLIES	+	(48,000)
169	11	63XX			7	XX	TEXTBOOKS	-	30,000
169	11	62XX			7	XX	MISC. CONTRACTED SERVICES	-	18,000
									-0-

REASON FOR REQUEST: Realignment of funds.

ORIGINATOR 

 DATE 2-3-17
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

199-7 M & O FUND

Date: 01/26/17

REFERENCE NO. _____


ACCOUNT NUMBER

ACCOUNT NUMBER							AMOUNT
FUND	FUNC	OBJ.	SUB-OBJ.DRG	PROG.	DESCRIPTION	NOM.	INCREASE/(DECREASE)
199	11	63XX		7 XX	GENERAL SUPPLIES-INSTRUCTIONAL	+	(7,768)
199	11	64XX		7 XX	OTHER OPERATING EXP-INSTRUCTIONAL	+	(1,910)
199	12	63XX		7 XX	GEN'L SUPPLIES-LIBRARY & MEDIA	+	(312)
199	12	64XX		7 XX	OTHER OPERATING EXP-LIBRARY & MEDIA	-	400
199	23	63XX		7 XX	GEN'L SUPPLIES-SCHOOL LEADERSHIP	-	1,616
199	23	64XX		7 XX	OTHER OPERATING EXP-SCHOOL LEADERSHIP	-	1,935
199	31	63XX		7 XX	GEN'L SUPPLIES-GUIDANCE, COUNSELING	-	523
199	36	64XX		7 XX	OTHER OPERATING EXP-CO-CURRICULAR/EXTRA	-	2,516
199	51	62XX		7 XX	CONTRACTED SERVICES-MAINT & OPERATIONS	-	850
199	51	63XX		7 XX	GEN'L SUPPLIES-MAINT & OPERATIONS	-	2,150
199	52	62XX		7 XX	CONTRACTED SERVICES-SECURITY & MONITOR	+	(332)
199	52	63XX		7 XX	GEN'L SUPPLIES-SECURITY & MONITORING	-	332

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REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2016-2017 school year.

ORIGINATOR _____

DATE	SUPERINTENDENT	DATE
 FINANCE		
2-3-17 DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____

NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____

NAME DATE