

WEST ORANGE COVE - CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

TRANSFER AMENDMENT

ISSUING ORGANIZATION	DATE	REQUEST NUMBER
SPECIAL SERVICES	4/12/2013	

REVENUE

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

EXPENDITURE

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	CURRENT EXPENDITURE BUDGET	INCREASE OR DECREASE	AMENDED EXPENDITURE
199-11-6399.00-900-023-753	GENERAL SUPPLIES	\$9,978.00	\$2,500.00	\$7,478.00
199-11-6219.00-900-023-753	PROFESSIONAL SERVICES	\$125,000.00	\$2,500.00	\$127,500.00
TOTAL EXPENDITURE		134,978.00	0.00	134,978.00

Reason for Request: PAYMENT FOR CONTRACTED SPEECH THERAPIST.

ORIGINATOR:	MICAELA THIBODEAUX	DATE:	4/12/2013
ORGANIZATIONAL MANAGER:	DR. BRANT GRAHAM	DATE:	4/12/2013
PROGRAM DIRECTOR (IF APPLICABLE):	<i>[Signature]</i>	DATE:	4/12/2013
BUSINESS MANAGER:	<i>[Signature]</i>	DATE:	4/12/2013
BOARD OF TRUSTEES APPROVAL:		DATE:	