BOARD OF TRUSTEES AGENDA										
	Workshop	х	Regular		Special					
(A)	Report Only				Recognition					
Presenter(s): Briefly describe the subject of the report or recognition presentation.										
(B) X 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 GENERAL FUND BUDGET.										
(C) Funding source: Identify the source of funds if any are required. GENERAL FUND										
(D) Clari	fication: Explain an this item.	y question o	or issues that n	night be raised	d regarding					
SEE A	TTACHED MEMORANDUI	VI.								

TO:

Samuel Mijares, Superintendent

FROM:

Ismael Mijares, Deputy Superintendent for Business & Finance

Ismael Mijares 2020.07.0 9 14:26:56 -05'00'

DATE:

July 9, 2020

SUBJECT: *Budget Amendments*

Attached is the General Fund Budget Amendment submitted for the additional six (6) days of instruction in the month of August. This is due to school starting six (6) days earlier than the previous school year.

Eagle Pass Independent School District BUDGET CHANGE REQUEST

Fund: 199-0 General Fund

DATE:			7/0/9	0000			REFERENCE NO.	PAGE	1 OF 1
DATE:			7/9/2				NEI ENERGE NO.		
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.		PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
1XX	11	6XXX		XXX	0	xxxxx	SALARIES	_	1,681,087
1XX	12	6XXX		XXX	1500		SALARIES	-	29,264
1XX	13	6XXX	XX	XXX	0	XXXXX	SALARIES		77,095
1XX	23	6XXX	XX	XXX	0	XXXXX	SALARIES	-	36,143
1XX	31	6XXX	XX	XXX	0	XXXXX	SALARIES	-	43,821
1XX	32	6XXX	XX	XXX	0	XXXXX	SALARIES	-	4,206
1XX	33	6XXX	XX	XXX	0	XXXXX	SALARIES	-	57,180
1XX	35	6XXX	XX	XXX	0	XXXXX	SALARIES	-	62,709
1XX	36	6XXX	XX	XXX	0	XXXXX	SALARIES	-	22,466
1XX	52	6XXX	XX	XXX	0	xxxxx	SALARIES	_	70,572
1XX	61	6XXX	XX	XXX	0	XXXXX	SALARIES	-	10,731
1XX	XX	5XXX	XX	XXX	0	XXXXX	REVENUE	-	2,095,274
							TOTAL		-
REASON FOR REQUEST: Appropriate for Additional School Days									
							ORIGINATOR	-	TH , 7-9-20
							ORIGINATOR		
DATE					_		SUPERINTENDENT	-	DATE
4	*		7-9	-20	_				
	FINANCE		DA	TE			BOARD OFFICER		DATE
DISAPPROVAL:									
NAME DATE								DATE	
REASON FOR DISAPPROVAL:									
		100							
PROCES	DATE								