

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 Ismael Mijares
DN:
c=US, o=SmartFTP
Date: 2018.03.29
09:20:31 -05'00'

SUBJECT: BUDGET AMENDMENTS

DATE: March 28, 2018

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

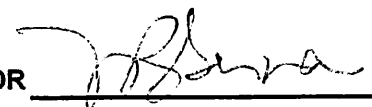
STATE COMPEATORY
Fund 164-8


DATE: 04/03/2018

REFERENCE NO. _____

ACCOUNT NUMBER							AMOUNT
FUND	FUNC.	OBJ.	SUB-OBJ.	ORG.	PROG.	DESCRIPTION	NOM. INCREASE/(DECREASE)
164	11	6XXX			8XX	INSTRUCTIONAL	+ (51,500)
164	12	6XXX			8XX	INST. RESOURCES AND MEDIA SVCS.	- 5,000
164	13	6XXX			8XX	CURR. AND INST. STAFF DEVL.P.	- 7,500
164	23	6XXX			8XX	SCHOOL LEADERSHIP	- 14,000
164	31	6XXX			8XX	GUIDANCE AND COUNSELING	- 5,000
164	33	6XXX			8XX	HEALTH SERVICES	- 7,000
164	51	6XXX			8XX	FACILITIES AND MAINTENANCE	- 1,000
164	52	6XXX			8XX	SECURITY AND MONITORING	- 12,000
						TOTAL	0

REASON FOR REQUEST: APPROPRIATE ESTIMATED ON-BEHALF FUNDS.

ORIGINATOR 

DATE
4-3-18
DATE
FINANCE 

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 5, 2018 Reference No. _____

Account Number 167

FUND	FUNC.	OBJ	SUB- OBJ.	ORG.	PROG	DESCRIPTION	NOM	AMOUNT INCREASE/DECREASE
167	11	61XX			8	22	+	(19,458)
167	11	62XX			8	22	-	437
167	11	63XX			8	22	-	29,683
167	11	64XX			8	22	+	(9,530)
167	21	62XX			8	22	-	2,100
167	21	64XX			8	22	+	(2,000)
167	31	63XX			8	22	+	(32)
167	31	64XX			8	22	+	(500)
167	51	62XX			8	22	+	(1,000)
167	51	63XX			8	22	-	300
TOTAL:								-0-

REASON FOR REQUEST: BUDGET REALIGNMENT.

ORIGINATOR, *Donna Carter*

<u><i>[Signature]</i></u>	<u>3/05/18</u>		
DEPUTY SUPERINTENDENT	DATE	SUPERINTENDENT	DATE
<u><i>[Signature]</i></u>	<u>3-28-18</u>		
FINANCE	DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

STATE SPECIAL EDUCATION
Fund 168-8

DATE: 04/03/2018

REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB-OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
168	11	6217	00	825	823726	INTSRUCTIONAL	+	(20,000)
168	11	6639	00	825	823	INTSRUCTIONAL	-	9,697
168	21	6497	01	825	823726	INST. LEADERSHIP	-	20,000
168	21	6497	00	825	823	INST. LEADERSHIP	+	(10,697)
168	36	6499	00	825	823	EXTRACURRICULAR ACTIVITIES	-	1,000
TOTAL								0

REASON FOR REQUEST: REALIGNMENT OF FUNDS.

ORIGINATOR *Liz Jones*

DATE 4-4-18
FINANCE DATE

SUPERINTENDENT

BOARD OFFICER

DATE

DATE

DISAPPROVAL: _____
NAME

DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME

DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

DATE: 3/9/18

REFERENCE NO. _____

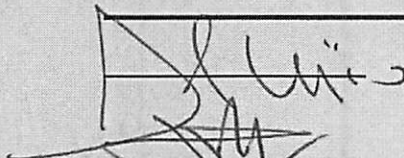
ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB		YEAR	PROG. INTENT	DESCRIPTION	NOM	AMOUNT
			OBJ.	ORG.					INCREASE/(DECREASE)
169	11	63XX			8	XX	General Supplies/Textbooks	+	(-5,382)
169	31	63XX			8	XX	General Supplies	-	2,490
169	31	64XX			8	XX	Other Operating Costs	-	2,892
TOTAL :									\$0

REASON FOR REQUEST:

Realignment of funds

ORIGINATOR _____

 _____ BUSINESS/FINANCE	<u>3/9/18</u> DATE	_____ SUPERINTENDENT	_____ DATE
_____ BUSINESS/FINANCE	<u>3-8-18</u> DATE	_____ BOARD OFFICER	_____ DATE

DISAPPROVAL BY:

NAME

DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME

DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

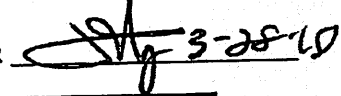
199-8 M & O FUND

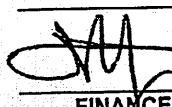
Date: 03/26/18

REFERENCE NO. _____

ACCOUNT NUMBER						AMOUNT		
FUND	FUNC	OBJ.	SUB-OBJ	DRG	PROG.	DESCRIPTION	NOM.	INCREASE/DECREASE
199	11	6XXX			8 XX	INSTRUCTIONAL	+	(130,854)
199	12	6XXX			8 XX	INSTRUCTIONAL RESOURCES & MEDIA	-	392
199	13	6XXX			8 XX	INSTRUCTIONAL STAFF DEVELOPMENT	+	(26,000)
199	21	6XXX			8 XX	INSTRUCTIONAL LEADERSHIP	+	(25,000)
199	23	6XXX			8 XX	SCHOOL LEADERSHIP	+	(1,212)
199	31	6XXX			8 XX	GUIDANCE, COUNSELING AND EVALUATION SER	-	2,151
199	33	6XXX			8 XX	HEALTH SERVICES	+	(50)
199	36	6XXX			8 XX	CO-CURRICULAR/EXTRA CURRICULUM	-	4,465
199	51	6XXX			8 XX	PLANT MAINTENANCE & OPERATIONS	-	227,158
199	52	6XXX			8 XX	SECURITY & MONITORING SERVICES	+	(26,050)
199	61	6XXX			8 XX	COMMUNITY SERVICES	+	(25,000)

REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2017-2018 school year.

ORIGINATOR  3-28-18

 DATE 3-28-18 SUPERINTENDENT _____ DATE _____
 FINANCE DATE _____ BOARD OFFICER _____ DATE _____

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____