

**BOARD OF TRUSTEES
AGENDA**

<input type="checkbox"/> Workshop	<input type="checkbox"/> Regular	<input checked="" 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.

CONSIDERATION 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.**


(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 

DATE: August 4, 2017

SUBJECT: BUDGET AMENDMENT

The attached budget amendment is to transfer funds within the M&O and Athletics budget allocations. No additional funds are requested.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

ATHLETICS
FUND 181-7

DATE: 08/04/17

REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB-OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
181	36	6XXX			7XX	CO-CURRICULAR	-	150,000
181	00	7XXX			7XX	TRANSFER IN-M&O	+	150,000
TOTAL								0

REASON FOR REQUEST: TO TRANSFER FUNDS FROM M&O FUND.

ORIGINATOR 8-4-17

DATE 8-4-17
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

M&O
FUND 199-7

DATE: 08/04/17

REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB- OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
199	11	6XXX			7XX	INSTRUCTIONAL	+	(150,000)
199	00	8XXX			7XX	TRANSFER OUT-ATHLETICS	-	150,000
TOTAL								0

REASON FOR REQUEST: TO TRANSFER FUNDS TO ATHLETICS FUND.

ORIGINATOR 8-4-17

	DATE	SUPERINTENDENT	DATE
FINANCE	8-4-17	BOARD OFFICER	DATE

DISAPPROVAL: _____

NAME

DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____

NAME

DATE