

WEST GAUGA LOCAL SCHOOL DISTRICT

BUDGET/APPROPRIATION MODIFICATION REQUEST

- 1 Fill in account description
- 2 Fill in FULL account number (PLEASE use zeroes where appropriate).
- 3 Indicate the amount you would like to transfer.
- 4 Indicate on each line with an account number whether you would like to D (Decrease) or I (Increase).
- 5 Provide the reason for each transfer.
- 6 Obtain signature of Administrator and Superintendent.
- 7 Modifications must remain within the same fund.

	ACCOUNT DESCRIPTION	Fund	Function	Object	Cost Ctr.	Subject	OU	IL	Job	AMOUNT	Increase (I) Decrease (D)
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____	_____

line # _____ Reason for modification _____

_____ Reason for Modification _____

_____ Reason for Modification _____

_____ Reason for Modification _____

Administrator/Supervisor Signature Date

Superintendentent Signature Date