United Independent School District
Budget Amendment/Transfer Request Form

No. _____ **Date** _____

❑ **Amendment** ❑ **Transfer**

BUDGET CODE										
FUND/YR	FUNC.	ORG.	CODE	PROG. OPTION	LOCAL OBJECT	SUB. OBJECT	BEGINNING BALANCE	INCREASE	DECREASE	ADJUSTED BALANCE

JUSTIFICATION: _____

_____

_____

_____

_____ Requested By

_____ Board Approval on

_____ Approved By:

_____ Approved By:

All budget amendment requests must be submitted to the Accounting Department by 12:00 on the Thursday of the week preceding the regularly scheduled monthly Board of Trustees Finance Committee Meeting.

U.I.S.D. FORM 901-107
8-1-99