Budget Transfer/Amendment
Santa Rosa ISD

Campus: _____ **Date:** _____

Department: _____

Requires Board Approval ☐ Yes ☐ No **Board Approval/Date:** _____

Comments: _____

Account Code						Account Description	Approved Budget	Current Balance	Increase (Decrease)	Proposed Budget
Fund	Fnc	Obj	So	Org	Prog					

Budget transfers/amendments must be approved prior to expenditure of funds.

_____ _____

Administrator Signature/Date **Chief Financial Officer Signature/Date**

FOR OFFICE USE ONLY:

ACCT PERIOD: _____

DATE ENTERED: _____

JV NUMBER: _____

ENTERED BY: _____