

**FORT STOCKTON IND. SCHOOL DIST.**  
**FORT STOCKTON, TEXAS**  
**BUDGET CHANGE REQUEST**

ORGANIZATION

DATE

REFERENCE NO.

#	FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZ.	FISC. YR	PRO-GRAM	ACCOUNT TITLE	AMT. DECREASE	AMT. INCREASE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
<b>TOTAL</b>									-	-

**Reason For Request:**

**Originator:**

**Approvals:**

<input type="text"/>	<input type="text"/>
Department Head	Date
<input type="text"/>	<input type="text"/>
Administrator	Date

<input type="text"/>	<input type="text"/>
Superintendent	Date
<input type="text"/>	<input type="text"/>
Business Mgr.	Date

**Board Approval Date:**

**Reason for Disapproval:**