

Cost Center # \_\_\_\_\_

Cost Center Name: \_\_\_\_\_

Lafayette Parish School System  
**Budget Form A - Executive Summary**

Brief Cost Center Description:

1

Account Number OR  
Category of Expense

Brief Description /Justification

2

3

This form will require you to identify which expenses you feel should be explained for the Board. You may elaborate on a particular line item (specific account number, for example "Conferences & Workshop", OR you may choose to elaborate on a group or category of expenses (for example, "Professional Services").

- 1 = Provide a brief description of the cost center's major functions, goals, or objectives
- 2 = Actual account number OR name of the category
- 3 = Provide a brief description/justification for the budget you are requesting

**Per direction of the Board President, please limit this to ONE page**

**Please be prepared to justify or explain any item of your budget that is listed on this page or on your green-bar report.**

Print Name of Cost Center Supervisor:

Signature of Cost Center Supervisor:

Date:

# of Increase Requests Attached:

# of Decrease Recommendations Attached:

Date Presented to Board:
