

Cost Center Name: _____

Lafayette Parish School System
Budget Form B - Budget Increase Request

Reason Code: 1 Reason Title: 2

Reason Codes:
M Mandated **U** Unavoidable/Uncontrollable
O Optional/Other **A** Authorized/Approved by School Board

Account Number	Account Name	Why is an Increase Being Requested?	Amount(s)
3	4	5	6

- 1 = Give a reason code for the increase request

 Note: The "O" category is for items which are not mandated, unavoidable/uncontrollable, or previously authorized by the Board, HOWEVER...they are thought to be crucial to the correction of a significant problem or crucial to the fulfillment of some objective or issue that has been identified as needed or necessary.
- 2 = Assign a title that corresponds to the reason code
- 3 = Give the suggested line item account number in your cost center to be increased. If the account number does not currently exist, type in "new account".
- 4 = Give the line item account name that corresponds to the account number. If the account number does not currently exist, type in the account name you would like to use.

 Note: If the subject will impact expenses in more than one line item account number in this cost center, please list all accounts that will be affected and the \$ amounts.
- 5 = Give a brief explanation/justification for the budget increase you are requesting.
- 6 = List the amount of the budget increase.

Please use a separate form for each budget increase request.

Print Name of Cost Center Supervisor:

Signature of Cost Center Supervisor:

Signature of Superintendent or Deputy Superintendent:

Total Increase Request:
 Date Presented to Board:

Date: _____