

**CHARLOTTE PUBLIC SCHOOLS
BUDGET AMENDMENT REQUEST
FOR THE _____ SCHOOL YEAR
(State Year)**

Date of Request: _____

Account Name: _____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease
Account Number: _____	Dollar Amount _____
Account Name: _____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease
Account Number: _____	Dollar Amount _____

Reason for Proposed Change: _____

Signature of person requesting amendment

Assoc Supt for Business Approval Date