

**KARNES CITY INDEPENDENT SCHOOL DISTRICT**

**Business Office**

404 Highway 123 • Karnes City, Texas 78118 • Phone: (830) 780-2321 • Fax: (830) 780-3823

**BUDGET AMENDMENT FORM**

Superintendent \_\_\_\_\_

**TO:** \_\_\_\_\_

**Date** \_\_\_\_\_

**From:** \_\_\_\_\_

**Board Approved Date:** \_\_\_\_\_

Title of Program	From Account Number	To Account Number	Amount To Transfer
<b>Total</b>			

**Reason for Transfer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Approved By:** Signature of Superintendent

**FOR BUSINESS OFFICE USE ONLY**

Funds Available    
Yes No

**Approved By:** \_\_\_\_\_  
Signature of Chief Financial Officer