

OXFORD PUBLIC SCHOOLS
BUDGET AMENDMENT REQUEST FORM

Fiscal Year: _____

Department/School: _____

Effective Date: _____

Amount: _____

From Account #: _____

To Account #: _____

Reason: _____

Submitted By: _____

Date: _____

FOR SUPERINTENDENT'S OFFICE USE ONLY

APPROVED: _____ **DENIED:** _____

SUPERINTENDENT OF SCHOOLS

DATE: _____

FOR BUSINESS MANAGER'S OFFICE USE ONLY

COMPLETED: _____

BUSINESS MANAGER

DATE: _____