

# Richmond Public Schools



## Budget Transfer Request(s)

For Information Only

**AREA 1**

**ELEMENTARY  
EDUCATION**



Richmond Public Schools  
 Budget and Financial Reporting  
 301 North 9<sup>th</sup> Street  
 Richmond, VA 23219  
 Phone: (804) 780-5477 Fax: (804) 780-5401



## Budget Change Request Form

Organization Name: GINTER PARK

Date of Request: 10/12/2011

Telephone Number: 804-780-8193

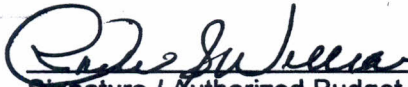

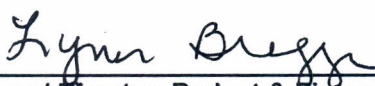
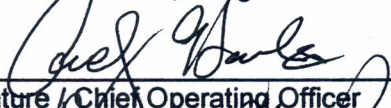
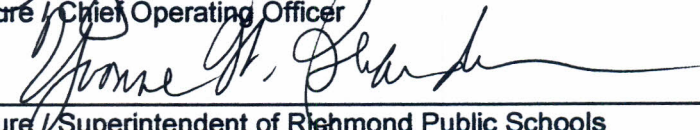
Fax Number: 804-780-4313

Account Codes (DECREASE)		Account Codes (INCREASE)	
FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT	FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT
100.1100.4211.1199.5612 materials  supplies	\$1000.00	100.1310.4211.1199.5711 staff development	\$1000.00
<b>TOTAL DECREASE</b>		<b>TOTAL INCREASE</b>	
	\$1000		\$1000

### JUSTIFICATION FOR CHANGE

FUNDS NEED TO BE TRANSFERED SO THAT WE CAN CONTINUE HELP FUND ON GOING STAFF DEVELOPMENTS FOR THE GINTER PARK - MARY SCOTT ANNEX STAFF MEMBERS.

### Levels of Approval

Approved	Disapproved		10/13/11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Authorized Budget Holder	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		10/21/11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Cabinet Member	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Director, Budget & Financial Reporting	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		10/24/11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Chief Operating Officer	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Superintendent of Richmond Public Schools	Date

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REVISED 10/2010



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## Budget Change Request Form

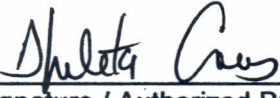
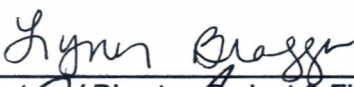
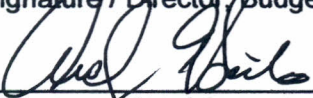
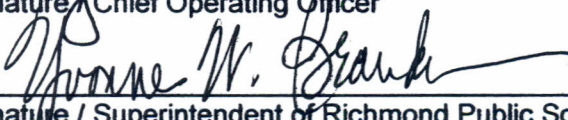
Organization Name: Summer Hill Ruffin Road Date of Request: 10/14/11  
 Telephone Number: 780-5041 Fax Number: 319-3026

Account Codes (DECREASE)		Account Codes (INCREASE)	
FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT	FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT
100.1100.4225.1102.5610 materials / supplies	250.00	100.1310.4225.1199.5732 Travel	250.00
<b>TOTAL DECREASE</b>	<b>\$250</b>	<b>TOTAL INCREASE</b>	<b>\$250</b>

### JUSTIFICATION FOR CHANGE

To reimburse teachers for local travel.

### Levels of Approval

Approved	Disapproved		10/14/11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Authorized Budget Holder	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		10/17/11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Director, Budget & Financial Reporting	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature / Chief Operating Officer	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		Signature / Superintendent of Richmond Public Schools	Date

**AREA 2**

**SECONDARY  
EDUCATION**



**Richmond Public Schools**  
 Budget and Financial Reporting  
 301 North 9<sup>th</sup> Street  
 Richmond, VA 23219  
 Phone: (804) 780-5477 Fax: (804) 780-5401



## Budget Change Request Form

Organization Name: **Armstrong High School**      Date of Request: **October 25, 2011**  
 Telephone Number: **804-780-4449**      Fax Number: **804-780-4485**

Account Codes (DECREASE)		Account Codes (INCREASE)	
FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT	FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT
100..5301..5615 <i>materials &amp; supplies</i>	3000.00	100..5301..5711 <i>staff development</i>	3000.00
100.5301.5862 <i>addtl office equipment</i>	1000.00	100..5301..5711 <i>staff development</i>	1000.00
<b>TOTAL DECREASE</b>	<b>\$4000</b>	<b>TOTAL INCREASE</b>	<b>\$4000</b>

### JUSTIFICATION FOR CHANGE

In an effort to increase and enhance the capacity to provide best practice educational strategies for the staff at Armstrong High School, we have several Professional Development activities scheduled throughout the school year that will require additional monies.

### Levels of Approval

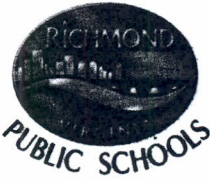
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	<i>10-26-11</i>
Approved	Disapproved	Signature / Authorized Budget Holder	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	<i>11-1-11</i>
		Signature / Cabinet Member	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	<i>11/2/11</i>
		Signature / Director, Budget & Financial Reporting	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	<i>11/2/11</i>
		Signature / Chief Operating Officer	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	
		Signature / Superintendent of Richmond Public Schools	Date

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# **AREA 3**

## **INSTRUCTION & ACCOUNTABILITY**



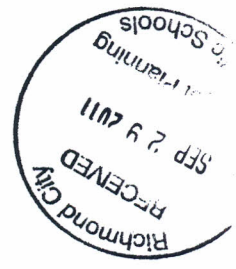
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Richmond, VA 23219

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## Budget Change Request Form

Organization Name: Virginia Preschool Initiative Program

Date of Request: 9/27/11

Telephone Number: 780-8585

Fax Number: 780-7605

Account Codes (DECREASE)		Account Codes (INCREASE)	
FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT	FUND / FUNC / ORGN / PROG / OBJ /	AMOUNT
100....4233...5610 Instructional Supplies	6,000	100.1310.4233.7101.5139 Curriculum Supplement	6,000
100...4233...5540 Pupil Insurance	2,000	100...4233...5460 Consultant	2,000
<b>TOTAL DECREASE</b>	<b>\$8,000</b>	<b>TOTAL INCREASE</b>	<b>\$8,000</b>

### JUSTIFICATION FOR CHANGE

Transfer is needed in curriculum supplement to pay six lead teachers \$100 monthly stipends for organizing staff meetings and other lead teacher duties. Transfer is needed in consultants to pay consultant for EXCEL Project used in five VPI classrooms.

### Levels of Approval

Approved	Disapproved	<u>Ra Robertson</u> Signature / Authorized Budget Holder	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Maria J. Oenshau</u> Signature / Cabinet Member	9/28/11 Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Lynn Bugg</u> Signature / Director, Budget & Financial Reporting	Date
<input type="checkbox"/>	<input type="checkbox"/>	<u>Carl G. G... ..</u> Signature / Chief Operating Officer	9/29/11 Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u> Signature / Superintendent of Richmond Public Schools	Date

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