

**WHITE PLAINS CITY SCHOOL DISTRICT
White Plains, New York**

REQUEST FOR BUDGET MODIFICATION

_____ **Date**

_____ **Originator Name**

_____ **Department**

_____ **Authorization by Principal or Cabinet Member**

DECREASE		INCREASE	
CODE	AMOUNT	CODE	AMOUNT
TOTAL		TOTAL	

PURPOSE AND/OR JUSTIFICATION: *(Please make sure you complete this section.)*

_____ **Business Office Authorized Signature**

_____ **Date**

_____ **Superintendent of Schools**

_____ **Date**

_____ **Excess of \$25,000 requires BOE approval**

_____ **BOE Approval Date**