

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

**REQUEST FOR BUDGET MODIFICATION**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Principal/Supervisor (Signature)**

\_\_\_\_\_

**Department**

\_\_\_\_\_

**Principal/Supervisor (Print name)**

DECREASE		INCREASE	
CODE	AMOUNT	CODE	AMOUNT
<b>TOTAL</b>		<b>TOTAL</b>	

**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**