

**GADSDEN COUNTY SCHOOL DISTRICT
BUDGET INCREASE REQUEST FORM**

DEPARTMENT REQUESTING: _____ DATE OF REQUEST: _____

TOTAL AMOUNT BEING REQUESTED: \$ _____

REASON:

ACCOUNT CODE AND AMOUNT

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ACCOUNT CODE AND AMOUNT

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ACCOUNT CODE AND AMOUNT

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REQUESTOR PRINTED NAME AND SIGNATURE: _____

DEPARTMENT DIRECTOR PRINTED NAME AND SIGNATURE: _____

FINANCE AND ACCOUNTING USE ONLY

BATCH #: _____ ENTERED BY: _____ DATE: _____

APPROVED OR DENIED DATE: _____

DIRECTOR/CFO SIGNATURE: _____ POSTING DATE: _____

EMAIL YOUR REQUEST TO YOUNGDE@GCPSMAIL.COM CC: DEESEBRA@GCPSMAIL.COM, INVOICES@GCPSMAIL.COM