THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
GENERAL FUND
AD HOC BUDGET REQUEST FORM
(Please use separate form for each request)

Division: _____ Department: _____

REASON FOR REQUEST

Select one of the reasons below.

☐ State Legislation ☐ Federal Requirement ☐ New Initiative ☐ Position(s)

Explain budgetary item(s) being increased and/or reduced and reason(s) for change. Reference to the new legislation, new federal requirement or new initiative is required.

FINANCIAL IMPACT

FINANCIAL IMPACT: _____

Contact Budget Office for assistance in determining financial impact. Include estimated fringe, if applicable.

FUNDING SOURCE: _____

PROVIDE LINE OF CODING BELOW:

Fund	*Funds Center*	*Commitment Item*	*Functional Area*	*Funded Program*	*Amount*

Note: Salary lapse may not be considered as available funds.

☐ Continuation Funding ☐ One-Time Request (Current Year Only)

SIGNATURES

Dept. Head Approval: _____

(Name) (Signature) (Date)

Cabinet Member Approval: _____

(Name) (Signature) (Date)

BUDGET OFFICE APPROVAL

Up to $25,000:
Budget Director Oleg Gorokhovsky

(Name) (Signature) (Date)

$25,001 - $50,000:
CFO I. Benjamin Leong

(Name) (Signature) (Date)

$50,001 - $500,000
Superintendent Robert W. Runcie

(Name) (Signature) (Date)

SCAN THE SIGNED FORM TO THE BUDGET OFFICE-DEPARTMENT SUPPORT CONF