

**JEFFERSON COUNTY PUBLIC SCHOOLS
GENERAL FUND
CARRYOVER FUNDS REQUEST**

SCHOOL NAME _____

LOCATION NO. _____

TOTAL CARYOVER AMOUNT _____

PART I

All schools must have a "plan" for using the carryover funds. Please indicate below the area(s) in which these funds are to be used:

Instructional Supplies: Amount: _____

New Equipment/Furniture: Amount: _____

Item(s): _____

Building Modifications/Improvements: Amount: _____

Improvement: _____

Other Purpose: Amount: _____

Purpose: _____

PART II

The Carryover Funds Request form must have the Principal, the SBDM/PM Chair, and the Assistant Superintendent signatures of approval.

Approved by: _____

Date _____

Principal

Date _____

*SBDM/PM Chair

Date _____

Assistant Superintendent

***Attach a copy of SBDM/PM minutes documenting approval of request and plans for expenditure of carryover funds.**