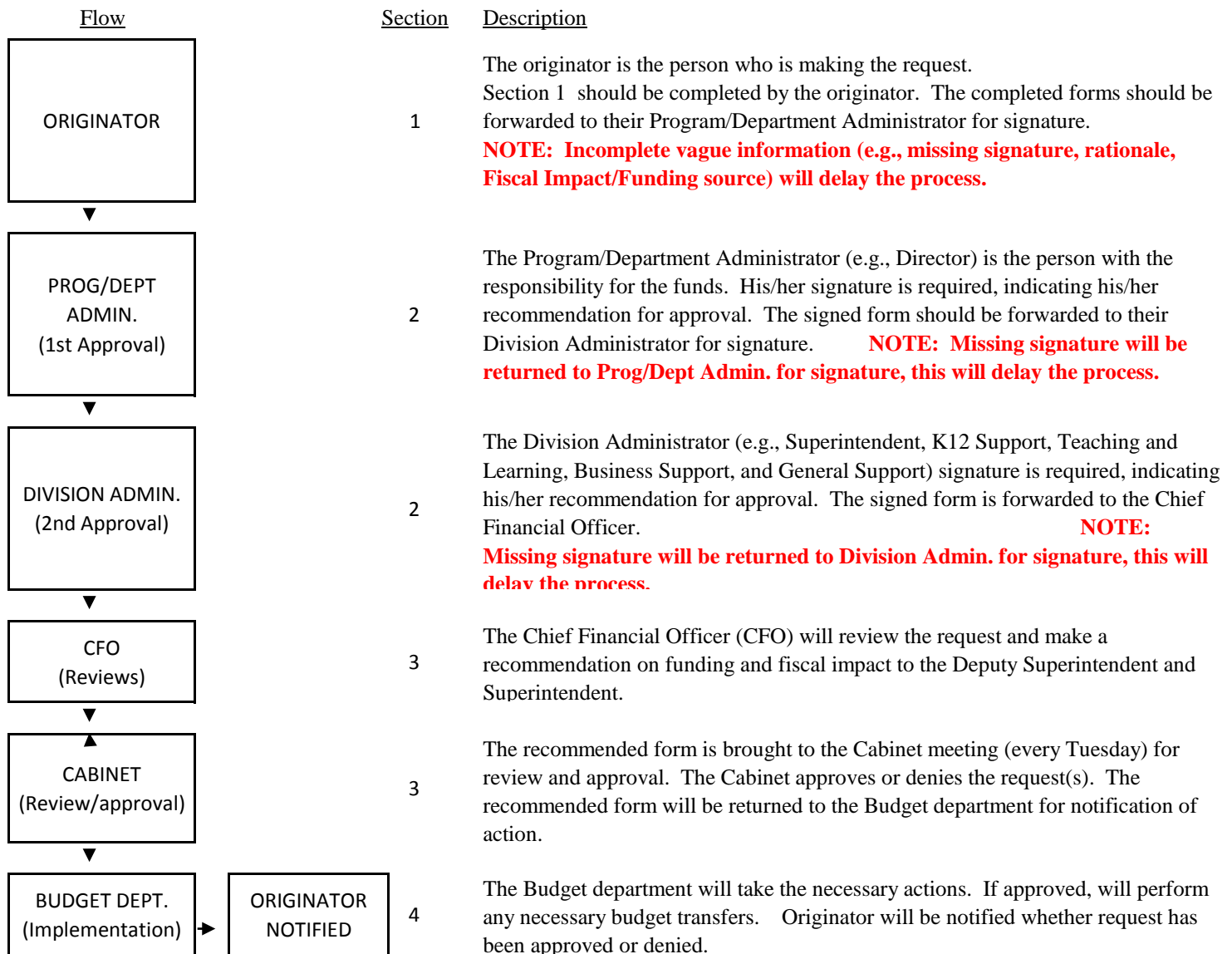


Increased Budget Authorization Request (IBAR) Routing Procedures

The Increase Budget Authorization Request (IBAR) is a form for requesting approval to expend funds that are not available in your current budget. Please complete this form indicating that you are requesting a new level of funding for expenditures that were not budgeted for in this year before the expenses have been incurred. This is not a request for the creation of positions.

The following diagram shows the routing procedure for use of this form.



Increased Budget Authorization Request

IBAR No. _____

Section 1 (Check all boxes that apply) *Fields in Section 1 Must be completed or the form will be returned to originator.*

School/Department: _____ Duration: On-going One Time Request

Amount of Funds Requested: _____

BRC or Program (i.e. school BRC, specific program requested for): _____

Areas of activity you anticipate spending allocation on:

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Classified Staff | \$ _____ | <input type="checkbox"/> Certificated Staff | \$ _____ |
| <input type="checkbox"/> Supplies/Materials | \$ _____ | <input type="checkbox"/> Hourly Staff or Substitutes | \$ _____ |
| <input type="checkbox"/> Travel | \$ _____ | <input type="checkbox"/> Contracted or Purchased Services | \$ _____ |
| <input type="checkbox"/> Equipment | \$ _____ | <input type="checkbox"/> Other: | \$ _____ |

Rationale must be completed or form will be returned to originator (Please be specific and describe the intent, purpose and use of the requested funds):

Please describe why this request cannot be covered using funds currently under your management:

Submitted by (Originator): _____ Date: _____

Section 2 Required Administrative Approval:

Prog/Dept Administrator: _____ Date: _____

Division Administrator: _____ Date: _____

Section 3

Approved **Denied**

Deputy Superintendent: _____ Date: _____

Superintendent: _____ Date: _____

Chief Financial Officer: _____ Date: _____

Section 4 To be completed by Budget Department:

Initial: Date:

- Budget Issue New BRC or Program Req. JE Required One year only

Notification Made BRC or Program: _____

Accounting Unit (A.U.) Account

Allocation made to: _____

Allocation from: _____