ΑT	TACHMENT	1(

Initial Budget Revised Initial Budget	BUDGET SUMMARY BREAKDOWN	Page of
APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE	

FUNCTION NUMBER (1)	OBJECT NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON- CAPITALIZED EQUIPMENT** (9)	TOTAL (11)
		TOTALS								

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