



## Budget Adjustment Summary K-12/ROPs/JPA's

PERIOD AFFECTED:

- ☒ Adopted Budget  
☐ First Interim  
☐ Second Interim  
☐ Third Interim  
☐ Unaudited Actuals

Submit via e-mail a copy of the signed form.

DISTRICT NUMBER <b>64774</b>	GL JOURNAL ID NUMBER	FUND NUMBER <b>01</b>
FISCAL YEAR <b>2021-22</b>	FUND NAME <b>Unrestricted General Fund</b>	<input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> RESTRICTED

DATE OF SUMMARY <b>07/22/2021</b>	NAME OF SCHOOL DISTRICT <b>Lynwood Unified School District</b>
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A. Revenues/Other Financing Sources	Object Code	Specific Object Code	Specific Resource Code	Budget Adjustment Increase (Decrease)
1. LCFF Sources	8010-8099	8011	0000	\$ 6,431,303.00
2. Federal Revenue	8100-8299			
3. Other State Revenue	8300-8599			
4. Other Local Revenue	8600-8799			
5. Interfund Transfers In	8900-8929			
6. All Other Financing Sources	8930-8979			
7. Contributions	8980-8999			
<b>8. Total Revenues/Other Financing Sources</b>				<b>\$ 6,431,303.00</b>

B. Expenditures/Other Financing Uses	Object Code	Resource Code (Optional)	Budget Adjustment Increase (Decrease)
1. Certificated Personnel Salaries	1000-1999		\$
2. Classified Personnel Salaries	2000-2999		
3. Employee Benefits	3000-3999		
4. Books and Supplies	4000-4999	01900	6,431,303.00
5. Services and Other Operating Expenditures	5000-5999		
6. Capital Outlay	6000-6999		
7. Tuition	7100-7199		
8. Interagency Transfers Out	7200-7299		
9. Transfers of Indirect Costs	7300-7399		
10. Debt Service	7430-7439		
11. Interfund Transfers Out	7600-7629		
12. All Other Financing Uses	7630-7699		
<b>13. Total Expenditures/Other Financing Uses</b>			<b>\$ 6,431,303.00</b>

<b>C. Subtotal A8 - B13 [This amount will Increase (Decrease) Ending Fund Balance]</b>	<b>\$ 0.00</b>
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**NOTES:** Line A5 - Interfund Transfers In and Line B11 - Interfund Transfers Out must equal.  
Line A7 - Contributions must net to zero at the total fund level.

**D. Narrative Explanation for this Revision - Must be Completed**

**E. School District Certification - Must be Completed**

NAME OF SCHOOL DISTRICT CONTACT PERSON <b>Peter Wong</b>		TELEPHONE NUMBER OF CONTACT PERSON <b>( 310 ) 886-1600 ext. 8253</b>	EMAIL ADDRESS OF CONTACT PERSON <b>pwong@mylUSD.org</b>
DATE OF BOARD APPROVAL <b>07/22/2022</b>	SIGNATURE OF AUTHORIZED SIGNATORY OR DESIGNEE OF THE BOARD	PRINT NAME AND TITLE <b>Gregory Fromm, CBO</b>	DATE SIGNED <b>07/22/2022</b>

**Submit one (1) copy via e-mail:**

**SFSAccountingGroup@laoe.edu**