

\_\_\_\_\_  
*Name of School District*

Date: \_\_\_\_\_

To: The Wayne County Auditor  
Secretary to the Budget Commission

Re: Amended Certificate

**PLEASE AMEND OUR CERTIFICATE OF ESTIMATED RESOURCES FOR THE  
FOLLOWING FUND(S):**

Resolution # \_\_\_\_\_

Approval Date: \_\_\_\_\_

(1) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

(2) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

(3) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

(4) Fund: \_\_\_\_\_

Fund Number and Fund Name

Current Balance from Amended Certificate \_\_\_\_\_

Increase/Decrease \_\_\_\_\_

New Fund Balance \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Treasurer Signature