

Request for Waiver - Cash Balance Penalty SDCL 13-13-73.5

Name of School District: School Year

Contact Person: Title:
 Phone Number: Email Address:
 Date: Signature:

Lowest Monthly Cash Balance	\$ -		
Total General Fund Expenditures	\$ -	Calculated %	#DIV/0!

Total Amount Requested to be Waived:

Please explain the reason(s) for this request:

FOR DOE USE ONLY	As per SDCL 13-13-10.1 (9) Allowable Cash Balance %	40.00%
	Calculated Lowest Cash Balance %	%
	Amount Exceeding Allowable	#DIV/0!
	Calculated Cash Balance Percentage After Waiver	%

The board may consider a waiver request due to:

- 1) Revenue needed in following year(s) due to natural disaster; or
- 2) Funding needing to expand educational programs; or
- 3) Impact of reorganization; or
- 4) Any Un-Foreseen or Extenuating Circumstance.

School Finance/Accountability Board Action	
Approved	<input style="width: 100%;" type="text"/>
Denied	<input style="width: 100%;" type="text"/>
Date:	<input style="width: 100%;" type="text"/>
Appropriations Committee Action	
Approved	<input style="width: 100%;" type="text"/>
Denied	<input style="width: 100%;" type="text"/>
Date:	<input style="width: 100%;" type="text"/>