

**BUDGET ADJUSTMENT FORM**

Use this form to make adjustments to your budget. All adjustments must balance within a Department.

**Adjustments should be rounded to the nearest \$1.**

ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT DESCRIPTION	ACCOUNT INCREASE	ACCOUNT DECREASE	
361-2200-522-68-05	102956	Fire Station #7 Relocation	\$ 150,000		
361-1500-515-65-32		Contingency		\$ 150,000	
<b>TOTAL.....</b>			<b>\$ 150,000</b>	<b>\$ 150,000</b>	

**EXPLANATION OF ADJUSTMENT REQUEST**

Include justification for increases AND reason why funds in decreased account are available.

Allocate funding for a professional services agreement with BRW Architects for design services required for the construction of a new Fire Station No. 7 in the estimated amount of \$575,140.

DOES THIS REQUEST REQUIRE COUNCIL APPROVAL?

DATE OF COUNCIL MEETING 03/06/25

☒ Yes ☐ No

WITH AGENDA ITEM?

☒ Yes ☐ No

Department Head/Division Director

Date

☐ Approved  
☐ Disapproved

Finance

Date

☐ Approved  
☐ Disapproved

City Manager

Date

☐ Approved  
☐ Disapproved**Finance Comments (for Finance Department only)**

DESCRIPTION 1 FOR H.T.E.:

DESCRIPTION 2 FOR H.T.E.:

(To Be Entered by Finance)