

2024

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	
110-2230-522-23-33		Repair & Maint / Auto & Equip (Fleet Srvcs)	\$ 125,000			
110-0000-352-13-45		Desg Cap Projects - Unassigned			125,000	
		DO NOT POST				
TOTAL.....			\$ 125,000		\$ 125,000	

EXPLANATION OF ADJUSTMENT REQUEST

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

To appropriate additional funding for emergency vehicle maintenance and repair services from Siddons Martin Emergency Group for FY 2024.

DOES THIS REQUEST REQUIRE COUNCIL APPROVAL?

x Yes

☐ No

DATE OF COUNCIL MEETING

08/15/24

WITH AGENDA ITEM?

x Yes

☐ No

Department Head/Division Director

Date _____

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Disapproved

Finance

Date _____

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Disapproved

City Manager

Date _____

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Disapproved