FY 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	
110-2210-522-63-10	**103267**	Capital Bldgs & Grnds / Roof Rplc - FS #7	$ 213,585			
110-0000-461-05-54		Insurance Claims / Insurance Claims	$ 213,585			
TOTAL.....			**$ 427,170**		**$ -**	

EXPLANATION OF ADJUSTMENT REQUEST

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

To appropriate anticipated insurance proceeds to be received from TML for damages sustained to roof and exterior façade elements at Fire Station #7 due to the tornado event on 05/22/24.

DOES THIS REQUEST REQUIRE COUNCIL APPROVAL? [x] Yes [ ] No

DATE OF COUNCIL MEETING 08/01/24

WITH AGENDA ITEM? [x] Yes [ ] No

Department Head/Division Director — Date — [ ] Approved [ ] Disapproved

Finance — Date — [ ] Approved [ ] Disapproved

City Manager — Date — [ ] Approved [ ] Disapproved