

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
365-1100-513-61-10	102873	Bell County Annex Relocation Site	\$ 190,000	
365-3400-531-65-32		Contingency		\$ 190,000
TOTAL.....			\$ 190,000	\$ 190,000

EXPLANATION OF ADJUSTMENT REQUEST

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

Allocate funding for a Rule 11 agreement for the purchase of three properties for the Temple-Bell County Annex Relocation Site at a total cost of \$190,000.

DOES THIS REQUEST REQUIRE COUNCIL APPROVAL?

DATE OF COUNCIL MEETING 05/15/25 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.:		<i>(To Be Entered by Finance)</i>
DESCRIPTION 2 FOR H.T.E.:		