

FY **2025****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	
<b>365-1100-513-61-10</b>	<b>102873</b>	Bell County Annex Relocation Site	\$ 190,000		
<b>365-3400-531-65-32</b>		Contingency		\$ 190,000	
<b>TOTAL.....</b>			<b>\$ 190,000</b>	<b>\$ 190,000</b>	

**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.:

DESCRIPTION 2 FOR H.T.E.:

(To Be Entered by Finance)