

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	
110-2370-540-62-22	103393	Replace Roll Off Hoist & Tarp System, 15012	\$ 52,881		
110-0000-461-05-54		Insurance Claims / Insurance Claims	\$ 52,881		
TOTAL.....			\$ 105,762	\$ -	

EXPLANATION OF ADJUSTMENT REQUEST

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

To appropriate insurance proceeds received from TML related to damages sustained to Solid Waste asset #15012 on 04/25/24.

DOES THIS REQUEST REQUIRE COUNCIL APPROVAL?

☒ Yes☐ No

DATE OF COUNCIL MEETING

09/19/24

WITH AGENDA ITEM?

☒ Yes☐ No_____
Department Head/Division Director_____
Date☐ Approved
☐ Disapproved_____
Finance_____
Date☐ Approved
☐ Disapproved_____
City Manager_____
Date☐ Approved
☐ Disapproved