

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.

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ACCOUNT NUMBER	PROJECT #	ACCOUNT DESCRIPTION	INCREASE	DECREASE	
260-0000-431-02-61		State Grant / Household Hazardous Waste Grant	\$ 15,000		
260-2300-540-26-49		Contracted Services / Landfill Tipping Fees	15,000		
TOTAL.....			\$ 30,000	\$ -	

EXPLANATION OF ADJUSTMENT REQUEST - Include justification for increases AND reason why funds in decreased account are available.

To appropriate grant proceeds made available to the Central Texas Council of Governments (CTCOG) from the Texas Commission on Environmental Quality. The Solid Waste Advisory Committee met and voted to award the City of Temple \$15,000. The Household Hazardous Waste event will be held on October 26, 2024.

DOES THIS REQUEST REQUIRE COUNCIL APPROVAL?

☒ Yes☐ NoDATE OF COUNCIL MEETING 9/19/2024

WITH AGENDA ITEM?

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