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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 #	ACCOUNT DESCRIPTION		INCREASE			DECREASE			
351-1100-513-61-10	102411	Capital Land / Land Purchase		\$	105,000					
351-0000-490-25-82		Transfers In - General Fund		\$	105,000					
110-9100-591-81-51		Transfers Out - Designated Cap Pro	oject	\$	105,000					
110-0000-352-13-45		Designated Capital Projects - Unallo	ocated				\$	105,000		
DO N		DO NOT POST								
TOTAL		·		\$	315,000		\$	105,000		
						<u>. </u>				
EXPLANATION OF ADJUSTMENT REQUEST- Include justification for increases AND reason why funds in decreased account are available.										
Allocate funding for the purchase of properties situated at 111 South 6th Street and 114 South Martin Luther King Jr Drive.										
DOES THIS REQUEST REQUIRE COUNCIL APPROVAL?						Ι				
DOES THIS REQUEST REQ DATE OF COUNCIL MEETIN		JIL APPROVAL? 5/6/2021	X Yes			No				
	-					ī				
WITH AGENDA ITEM?			X	Yes		No	,			
						Ap	prove	ed		
Department Head/Division	n Director		Date			Di	sappr	roved		
						An	prove	ed		
Finance			Date		_			roved		
						٦.				
City Manager			Date				pproved isapproved			
Only Manager		Duit		L	10%	Jappi	0100			