



REQUESTING DEPARTMENT #: DATE PREPARED:

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
	TOTAL						

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
	TOTAL						

**REASON/JUSTIFICATION FOR ADJUSTMENT:**

**Council/Board APPROVAL REQUIRED?** YES ☐ NO ☐

**DATE APPROVED:**

**RESOLUTION #:**

**City Council approval is needed for all transfers greater than \$75,000 and transfers between Departments / Funds. All CRA adjustments are required to go through their respective boards.**

Date Requestor's Signature

Date \_\_\_\_\_ Finance Approval Signature \_\_\_\_\_

Date Finance Director's Signature

Date Department Director's Signature

Date Deputy Fin. Director's Signature

Date \_\_\_\_\_ City Manager's Signature \_\_\_\_\_

**FINANCE USE ONLY:**

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_

Group #: