



REQUESTING DEPARTMENT #: DATE PREPARED:

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

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REASON/JUSTIFICATION FOR ADJUSTMENT:

City COUNCIL APPROVAL REQUIRED? YES ☐ NO ☐

DATE APPROVED:	RESOLUTION #:
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City Council approval is needed for all transfers greater than \$50,000 and transfers between Departments / Funds. Attach copy of agenda item and City Clerk's Journal noting approval.

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 #: