



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:

CITY COUNCIL APPROVAL REQUIRED? YES ☐ NO ☐

DATE APPROVED:	RESOLUTION #:
-----------------------	----------------------

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 #: