



REQUESTING DEPARTMENT #: DATE PREPARED:

<b>ADJUSTMENT AMOUNT</b>	<b>ACCOUNT NUMBER</b>	<b>PROJECT NUMBER</b>	<b>ACCOUNT NAME</b>	<b>ORIGINAL BUDGET</b>	<b>AMENDED BUDGET</b>	<b>ADJUSTED BUDGET</b>	<b>UNENCUMBERED BALANCE</b>
	TOTAL						

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	TOTAL						

**REASON/JUSTIFICATION FOR ADJUSTMENT:**

**City COUNCIL APPROVAL REQUIRED?** YES ☐ NO ☐

<b>DATE APPROVED:</b>	<b>RESOLUTION #:</b>
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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 #: