



BUDGET ADJUSTMENT REQUEST FORM

Department: _____ Fiscal Year Affected: _____

Expense Account to receive Increased Budget:

Account #: _____ Amount: \$ _____ Name: _____
Account #: _____ Amount: \$ _____ Name: _____
Account #: _____ Amount: \$ _____ Name: _____
Account #: _____ Amount: \$ _____ Name: _____

Account where budget is coming from:

Account #: _____ Amount: \$ _____ Name: _____
Account #: _____ Amount: \$ _____ Name: _____
Account #: _____ Amount: \$ _____ Name: _____
Account #: _____ Amount: \$ _____ Name: _____

Coming from: Contingency: _____
Other Expense: _____
New Revenue: _____

Total Amount of Increase: _____

Reason for increase:

Signed:

Department Head: _____ Date: _____

Reviewed by CFO: _____ Date: _____

Balance of Contingency before above request: _____

Approved by Mayor: _____ Date: _____

Approved by the City Council (*if necessary) on Date: _____

*City Council approval required if:

- 1) \$10,000 or more is taken from contingency.
- 2) \$50,000 or more is a change in object for a capital purchase.
- 3) New Full-Time Regular personnel positions, additional Full-Time Regular personnel, and new types of major programs.