BUDGET ADJUSTMENT AUTHORIZATION

Unit	Department	Division	Serial Number
CITY	**Administrative Services**	**Human Resources**	**08-041**

Type of Transaction

- ☐ Revenue Estimate
  - ☐ Estimate Increase
  - ☐ Estimate Decrease
- ☒ Source
  - ☐ From Existing Budget Appropriations
  - ☐ From Donations, Fees, or Grants
  - ☒ From Unappropriated Fund Balance

- ☒ Expenditure Appropriation
  - ☐ Intra-Departmental Transfer
  - ☐ Inter-Departmental Transfer
  - ☐ Project-To-Project Transfer
  - ☒ Appropriation Increase
  - ☐ Appropriation Decrease

Reason for Request:

To transfer funds for CMPMG salary and benefits adjustment, as recommended to Council at their March 4, 2008 meeting.

Unit	Account	Name	Fund	Organization	Program	Project/Grant	Increase	Decrease
CITY	**340295**	**Undesignated Fund Balance**	**101**	**90000**	**50240**	**-**	**-**	**$193,125**
CITY	**5XXXXX**	**Salaries & Benefits**	**101**	**15XXX**	**Various**	**-**	**$193,125**	**-**
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Department Authorization:

Department Director _____ Date _____

Budget Verification:

The above information has been reviewed, is complete and accurate, and the appropriations and/or unappropriated funds are sufficient to support the request.

☒ Yes ☐ No

Budget and Research Officer _____ Date _____

Recommendation: ☒ Approval ☐ Disapproval

Reasons For Disapproval:

Director of Finance _____ Date _____

City Manager Action:

☐ Approved ☐ Disapproved ☐ Not Required

City Manager _____ Date _____

City Council Action:

☐ Approved ☐ Disapproved ☐ Not Required

Date _____