# *BUDGET ADJUSTMENT AUTHORIZATION*

| Unit | Department | Division | Serial Number |
|---|---|---|---|
| **CITY** | **Finance** | **Budget** | **10-004** |

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 increase appropriations and decrease undesignated fund balance (for various Funds) to reinstate salary and benefit accounts for the budgetary savings that will not occur until FY 2010-2011.**

| Unit | Account | Name | Fund | Organization | Program | Project/Grant | Increase | Decrease |
|---|---|---|---|---|---|---|---|---|
| **CITY** | **340295** | **Undesignated Fund Balance** | **various** | **90000** | **50240** | **-** | **-** | **$567,000** |
| **CITY** | **various** | **Salary and Benefits - Various** | **various** | **various** | **various** | **-** | **$500,000** | **-** |
| **CITY** | **506100** | **Employer Contribution for Retiree Medical** | **various** | **various** | **various** | **xxxxx** | **67,000** | **-** |
| - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - |

**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 _____