BUDGET ADJUSTMENT AUTHORIZATION

Unit	Department	Division	Serial Number
CITY	**Parks and Community Services**	**Senior Center**	**16-006**

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 revenue and appropriation by $100,000 for the Medical Transportation Program, donated by Hoag Hospital, as approved by the City Council at the October 20, 2015 meeting.

Unit	Account	Name	Fund	Organization	Program	Project/Grant	Increase	Decrease
CITY	**450300**	**Donations**	**101**	**14300**	**40231**	**-**	**$100,000**	**-**
CITY	**535400**	**External Rent**	**101**	**14300**	**40231**	**-**	**$100,000**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CITY	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

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 Analyst _____ Date _____

Recommendation: ☒ Approval ☐ Disapproval

Reasons For Disapproval:

Director of Finance _____ Date _____

C.E.O. Action:

☒ Approved ☐ Disapproved ☐ Not Required

City Manager _____ Date _____

City Council Action:

☒ Approved ☐ Disapproved ☐ Not Required

Date _____