# BUDGET AMENDMENT FORM

*Type of Amendment:*

Supplemental Appropriation — *X*
Decrease Appropriation
Transfer of Appropriation

*2018-2019*

Fund: *Town of Foster Grant Fund*

| Accounts Decreased | | | Accounts Increased | | |
|---|---|---|---|---|---|
| Acct No. | Name | Amount | Acct No. | Name | Amount |
| | | | | CIP Grant Revenue | 6,200.00 |
| | | | | CIP Grant Expenditure | 6,200.00 |

**Explanation:** *To amend original budget for additional revenue and expenses*

Date Approved By Council 6-11-19

RECEIVED
JUL 17 2019
State Auditor and Inspector

Gavin