BUDGET CHANGE REQUEST FORM

☐ AMENDMENT-SUPPLEMENTAL

☐ LINE TRANSFER

CITY OF LINDSAY,
P O BOX 708, LINDSAY, OK 73052
405-756-2019

Fund: 2 **Department:** CITY GEN GOV

Amendment #:

Fiscal Year: FY 18/19

		Estimated Revenue		Appropriations	
Account #	**Account Name**	**Increase**	**Decrease**	**Increase**	**Decrease**
02-400-508	Fire Grants	44,502.00			
02-400-450	Use Tax	55,498.00			
02-602-4950	Capital Outlay-Fire			100,000.00	
	TOTALS	**100,000.00**	**-**	**100,000.00**	**-**

EXPLANATION:

To recognize Dept of Commerce Fire Grant to recognize the increase in Use Tax collections to increase capital expenditures in the fire department related to the grant and additional expenses for building repairs not originally budgeted

Please Note: Transfers can not be requested from Payroll and All Capital Transfers must be approved by Council

Date Requested by Department Head: _____ _____
Department Head Signature

Date Approved by City Manager: _____ _____
City Manager Signature

Date Approved by City Council: _____ _____
Mayor Signature

Beginning Balance _____

Transfer Amount _____

Unappropriated Fund Balance Remaining After Amendment: _____