



**BUDGET CHANGE REQUEST FORM**   
**AMENDMENT-SUPPLEMENTAL**

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

Fund: CLEET FUND  
 Amendment #: 1st.  
 Fiscal Year: FY 18/19

Department: CLEET FUND

Account #	Account Name	Estimated Revenue		Appropriations	
		Increase	Decrease	Increase	Decrease
09-400-400	Trfr from Police Bond Acct	3,500.00			
09-600-1600	CLEET Payable			3,500.00	
<b>TOTALS</b>		<b>3,500.00</b>	<b>-</b>	<b>3,500.00</b>	<b>-</b>

**EXPLANATION:**  
 To recognize additional transfers from Police Bond account and Cleet Payable expense

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: \_\_\_\_\_

**BUDGET CHANGE REQUEST FORM**   
**AMENDMENT-SUPPLEMENTAL**

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

Fund: DONATION FUND Department: DONATION FUND  
 Amendment #: 1st.  
 Fiscal Year: FY 18/19

Account #	Account Name	Estimated Revenue		Appropriations	
		Increase	Decrease	Increase	Decrease
10-400-401	Special Purpose Donation	6,891.00			
10-400-402	Interest Income	360.00			
10-400-405	Fire Donations	1,500.00			
10-400-409	Pro-Shop With a Cop Donation	865.00			
10-400-420	Library Donation	200.00			
10-400-475	Misc Donations	300.00			
10-400-520	(Use of Fund Balance)	7,509.00			
10-6001600	Police Expense			2,825.00	
10-600-1608	Park Expense			7,200.00	
10-6001610	Fire Expense			4,000.00	
10-600-1829	Ambulanc Expense			3,600.00	
<b>TOTALS</b>		<b>17,625.00</b>	<b>-</b>	<b>17,625.00</b>	<b>-</b>

EXPLANATION:  
 To recognize donation revenue and related expenses in FY 18/19

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

Date Requested by Department Head: \_\_\_\_\_  
 Date Approved by City Manager: \_\_\_\_\_  
 Date Approved by City Council: \_\_\_\_\_

\_\_\_\_\_ Department Head Signature

\_\_\_\_\_ City Manager Signature

\_\_\_\_\_ Mayor Signature

Beginning Balance \_\_\_\_\_  
 Transfer Amount \_\_\_\_\_  
 Unappropriated Fund Balance Remaining After Amendment: \_\_\_\_\_