



Dottie Franey

RCA Request for Council Action
SUBJECT AND PURPOSE INFORMATION

Requestor

10/05/2016

Date

Supplemental appropriation to move insurance claims proceeds from revenue accounts to expense accounts.

Please describe nature of action requested (type of legislation requested; nature of agreement, amendment, or communication, etc.) **in detail.**

Street address, City, ST, ZIP Code (if applicable, i.e., contracts, agreements, etc.)

Type of Request

- Discussion Item on Agenda
- Ordinance
- Motion Resolution
- Resolution
- Statutory Resolution
- Previous Related Legislation _____
- Waiver
- Emergency

Funding. If Supplemental Needed [Account Number and Name]

Amount

From the unappropriated, unencumbered balance of the _____ Fund

To Account No.

To Account Name

Funding. If Already Appropriated [Account Number and Name]

Amount

Account No.

Account Name

Funding. If Transfer Needed [attach page 2 transfer table]

*Attach additional documentation, if applicable.

- Page 2 attachment for budget/fund transfers
- Approved by Finance

