

**CITY OF GAHANNA, OHIO
REQUEST FOR COUNCIL ACTION**

Subject and Purpose: (Attach additional information if needed)

Requested: _____ **Date:** _____

Waiver?

Emergency?

Funding: If Supplemental Needed (Include Account No. and Name)

Amount: \$ _____ **From:** _____

To: Account Number: _____

Account Name: _____

\$ _____ **From:** _____

To: Account Number: _____

Account Name: _____

\$ _____ **From:** _____

To: Account Number: _____

Account Name: _____

Funding: If Already Appropriated (Include Account No. and Name)

Amount: \$ _____ **To: Account #:** _____

Account Name: _____

Approved: _____

Date: _____

Director of Finance

Clerk of Council: Committee: _____

Recommended for Legislation:

Ordinance ____ **Resolution** ____ **Statutory Res.** ____ **Motion Res.** ____