



Dottie Franey

**RCA Request for Council Action**  
**SUBJECT AND PURPOSE INFORMATION**

Requestor

07/14/2017

Date

Supplemental appropriation to move insurance claim 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

