

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

Subject and Purpose: (900 characters Max)

Requested By:

Date:

Waiver? ☐

Emergency? ☐

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

Amount: \$

From: Account Number:

To: Account Number:

Account Name:

Amount: \$

From: Account Number:

To: Account Number:

Account Name:

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

Amount: \$

Account Number:

Account Name:

Approved: _____ Date: _____
Director of Finance

Recommended for Legislation: Ordinance ☐ Resolution ☐ Statutory Res. ☐ Motion Res. ☐

Committee: Parks, Service & Safety ☐ Finance & Development ☐ Committee of the Whole ☐