

Approved by Finance

| RCA Request for Coul  | Requestor  Date                       |                                    |
|---|---------------------------------------|------------------------------------|
| SUBJECT AND PURPOSE INFORMATION   |                                       |                                    |
|   |                                       |                                    |
|   |                                       |                                    |
|   |                                       |                                    |
|   |                                       |                                    |
| Please describe nature of action requor communication, etc.) in detail. | uested (type of legislation requested | d; nature of agreement, amendment, |
| Street address, City, ST, ZIP Code (if ap                               | oplicable, i.e., contracts, agreement | ts, etc.)                          |
| Type of Request   |                                       | ,                                  |
| ☐ Discussion Item on Agenda   | Ordinance                             | ☐ Motion Resolution                |
| Resolution  | ☐ Statutory Resolution                | Previous Related Legislation       |
| W   | aiver Eme                             | ergency                            |
| Funding. If Supplemental Needed [Ac                                     | count Number and Name]                |                                    |
| Amount  |                                       |                                    |
| Amount From the unappropriated, unencumb                                | ered balance of the                   | Fund                               |
|   |                                       |                                    |
| To Account No.  | To Account Name                       |                                    |
| Funding. If Already Appropriated [Acc                                   | count Number and Name]                |                                    |
|   |                                       |                                    |
| Amount  |                                       |                                    |
| Account No.   | Account Name                          |                                    |
| Funding. If Transfer Needed (attach po                                  | age 2 transfer table]                 |                                    |
| *Attach additional documentation, if                                    | applicable.                           |                                    |
| Page 2 attachment for budget/fi   | und transfers                         |                                    |

Page 2: Budget/Fund Transfers Table

| AMOUNT | FROM ACCT. NAME | ACCOUNT NO. | TO ACCOUNT NAME | ACCOUNT NO. |
|--------|-----------------|-------------|-----------------|-------------|
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |
|        |                 |             |                 |             |