

Budget Transfer/Adjustment Request Form

DEPARTMENT: FACILITY/FLEET _____

DATE: 04/11/2023 _____

Account Number	Description	Amount Increase/(Decrease)
101-1054-414.44-10	MAINT - BUILDING	\$ (36,000.00)
101-1536-414.44-50	MAINT - VEHICLES	\$ 30,000.00
101-1536-414.47-16	UTILITIES	\$ 6,000.00
101-1054-414.44-10	MAINT - BUILDING	\$ (40,000.00)
101-3549-432.44-10	MAINT - BUILDING	\$ 40,000.00

Please indicate the reason for the increase and/or decrease of the account. Be as thorough as possible in explaining, and attach any supporting documents or memos.

COVER ADDITIONAL COST THROUGH FY 2023

Department Head: _____

Date: _____