

CITY OF FORTUNA

SUPPLEMENTAL BUDGET REQUEST

Requesting Department: _____

Packet # _____

Fund Name/s Amended: _____

JV # _____

Prepared By _____

Fund #/s Amended: _____

Checked By _____

Post Date _____

☒ New Budget Appropriation

☐ Intra-Department Budget Transfer

☐ Additional Budget Appropriation

☐ Other Budget Transfer

REVENUES

Account Description	Account Number	Current Budget	Proposed Amendments	Amended Budgets
TOTAL				

EXPENDITURES

Account Description	Account Number	Current Budget	Proposed Amendments	Amended Budgets
TOTAL				

PURPOSE

Department Head: _____

Date: _____

Finance Director: _____

Date: _____

City Manager: _____

Date: _____