

## EXHIBIT A



## Budget Adjustment Form

*Finance Department Use Only*

Set/Batch/BE ID#: BE2111501

Proof Job #:

Entered By:

Date:

Request Date: 11/17/2020

Fiscal Year: 21

Requesting Department: Public Works

### Adjustment Description: Office Space Modification

Requestor: Rosalba Ramirez

Department Head Approval:  Date: 11/5/2020

Date: 11/5/2024

Finance Analyst Review:  Date: 11/2/2020

City Manager Approval (if required)\*: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

GL or JL Key	GL/JL Rev Object	Description of Adjustment	Increase / (Decrease)
<b>Total Revenue Adjustments:</b>			-

**Justification:** Establishing a Capital Improvement Project for the design and construction work related to the Office Space Modification Project in the City Hall Building funded by the \$100,000 from the CIP Facilities Reserve.

City Clerk Signature (if required)\*\*:

Date:

*\* City Manager Approval required for transfers between departments within the same fund, any changes to salary/benefit budgets, or matching increases to revenue and expense budgets.*

**\*\* City Clerk Signature indicates that the requested Budget Adjustment was approved by Council.**