

City of Valdez
BUDGET APPROPRIATION ADJUSTMENT FORM

Requesting _____ **Person** _____
Department: Projects Reserve / PVMC **Requesting:** Carlson, Brian **Date:** 5/13/2020 **Request Number:** _____

FROM			TO			
Account Title	Account Number	Activity #	Account Title	Account Number	Activity #	Amount
Hospital Elect line condition	315.0310.55000	1503	PROV xray repl	315.0310.55000	2020	196,000.00
Hospital security enhance	315.0310.55000	1621	PROV xray repl	315.0310.55000	2020	100,000.00
					Total	296,000.00

PURPOSE: adding to PVMC xray project to reflect construction bids above original/budgeted project estimate

☐ Council Approval (if necessary): Meeting Date:

RECOMMENDED BY:

Department Head

Date _____

REVIEWED BY:

Finance Director

Date _____

FUNDING AVAILABLE:

☐ Yes☐ No

APPROVAL:

City Manager

Date _____

BUDGET AMENDED:

Comptroller

Date _____