

Posting Year: Posting Date: Posting # Doc #
Period: Ref # Initials:

CITY OF ALLENTOWN BUDGET TRANSFER REQUEST FORM

TO: Jessica Baraket, Interim Director FROM: Mehmet Barzev, Chief of Operations
BUREAU: Department of Finance - Binu Patel BUREAU: EMS Department

TRANSFER DETAIL

Date of Request: 5-May-23 Fund: General Transfer Amount: \$35,000.00

FROM (DEBIT)

Table with 5 columns: ACCOUNT (All 15 digits) and ACCOUNT TITLE, TRANSFER AMOUNT (\$), ORIGINAL APPROPRIATION (\$), CURRENT ACCOUNT TOTAL (\$), ACCOUNT TOTAL AFTER TRANSFER (\$). Includes row for Equipment with transfer amount 35,000.00.

TO (CREDIT)

Table with 5 columns: ACCOUNT (All 15 digits) and ACCOUNT TITLE, TRANSFER AMOUNT (\$), ORIGINAL APPROPRIATION (\$), CURRENT ACCOUNT TOTAL (\$), ACCOUNT TOTAL AFTER TRANSFER (\$). Includes row for Uniforms with transfer amount 35,000.00.

Reason Transfer is Required: Original budgeted items were entered into wrong account.

Reason Funds are Available for Transfer: Original budgeted items were entered into wrong account.

TRANSFER AUTHORIZATIONS WITHIN & BETWEEN PROGRAMS

Form with checkboxes for authorization amounts and signature lines for Department Head, Director of Finance, City Controller, and Mayor, with handwritten dates.

CITY COUNCIL

Table with 3 columns: Name of Councilmember, Approval checkboxes (Approved/Disapproved), and Date.