City of Angels Camp

Budget Adjustment Request

Department:	Building and Planning		Date:				9/17/2024	
				Ch	ange Request			
					ount: Expense			
		Pr	evious Budget	Inc/((Dec), Revenue	Nev	w Budget Balance	
Account Number	Account Description		Balance		(Inc)/Dec		DB/(CR)	
010-4000-40303-0000	Buildng Permit Fees	\$	(250,000.00)	\$	(240,000.00)	\$	(490,000.00)	
010-4000-50087-0000	Engineering Services	\$	170,000.00	\$	240,000.00	\$	410,000.00	
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T-4-14		\$	-	\$	-	\$	_	
Total*				\$	<u> </u>			
Justification:	Dewberry Task Order 19 for Habitat for Hu	manity C	onstruction Man	agem	ent / Inspection /	Engir	neering Services	
Authorizations:								
Department Manager				Date	:			
Finance Director:				Date	:			
Administrator:**				Date	:			
Entered into System by:				Date	:			

 $[\]hbox{``Total must be zero unless additional budget authorization given by Council.}$

^{**}Administrator must approve all budget adjustments not authorized by Council.