

**TOWN OF EATONVILLE
BUDGET ADJUSTMENT FORM**

SUBMITTING DEPARTMENT: ADMINISTRATION **ADJUSTMENT NUMBER:** _____

DATE: 10/01/2025 **GROUP NUMBER:** _____

SOURCE OF FUNDS:			
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PROJECT NUMBER	ADJUSTMENT
001-0511-511.5800	Contingency		22,294.00
TOTAL			<u>22,294.00</u>

USE OF FUNDS:			
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PROJECT NUMBER	ADJUSTMENT
001-0515-515.1200	Regular Salaries		13,000.00
001-0515-515.2100	FICA		995.00
001-0515-515.2300	Health & Life Insurance		8,299.00
TOTAL			<u>22,294.00</u>

REASON FOR ADJUSTMENT REQUEST:	
The Permit Clerk position was Full-Time in FY 2024-2025 but in FY 2025-2026 budget it was approved	
Part-time	

APPROVALS:			
	_____ Town Council	_____ Date	
_____ Finance Director	_____ Date	_____ Department Head	_____ Date