

BUDGET AMENDMENT REQUEST FOR

FY 2025

|  |                                 | QS1 Account Number               |  |  | Dollar  | Dollar                 | For Internal Use Only      |
|--|---------------------------------|----------------------------------|--|--|---|------------------------|----------------------------|
|  | GL Account ID No.               | GL Account ID No.                | Project/Grant                                      | GL Expense   | Amount  | Amount                 | Journal Entry No.          |
| ment (Use Drop I                             | (16 digit#) 000-000-00000-00000 | Description                      | ID No.   | Description  | FROM  | TO                     | Finance Dept               |
|  |                                 |                                  |  |  |   |                        |                            |
|  | 300.1575.541600                 | Sidewalk Construction            |  |  | 324,482.04  |                        |                            |
|  | 300.1575.541400                 | Trans Infrastructure Improvement | FY25 Resurfacing                                   |  |   | 324,482.04             |                            |
|  |                                 |                                  |  |  |   |                        |                            |
|  |                                 |                                  |  |  |   |                        |                            |
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|  |                                 |                                  |  |  |   |                        |                            |
|  |                                 |                                  |  |  |   |                        |                            |
| Reason for E                                 | Budget Amendment:               |                                  |  | 324,482.04   | 324,482.04  |                        |                            |
|  |                                 |                                  |  | Note: Amount Totals are automatically calculated/Totals MUST agree (Balance out) |   |                        |                            |
|  |                                 |                                  |  | Do not use dollar signs, negative signs, commas or other punctuation marks       |   |                        |                            |
| Dollar amount From/To Columns, use whole num |                                 |                                  |  |  |   |                        | rs only (No Cents).        |
| AUTHORIZA                                    | TION:                           |                                  |  |  |   |                        |                            |
| AUTHORIZA                                    | non.                            |                                  |  |  |   |                        |                            |
|  |                                 |                                  |  |  |   |                        |                            |
| Department Head/Manager Date:                |                                 |                                  | Senior Accountant or Revenue Manager, Finance Dept |  |   |                        | Date:                      |
|  |                                 |                                  |  |  |   |                        | Date.                      |
|  |                                 |                                  |  |  |   |                        |                            |
| Finance Director Date:                       |                                 |                                  | -  |  |   |                        | Effective Date:            |
| i mande blied                                | 3101                            | Date.                            | Please return complete                             | ad form to Stonecres   | Finance Department   404.224.0200   budget@stonecrestga.gov |                        |                            |
|  |                                 |                                  | - iouss istain complete                            | l com to otorieorea  | I manoc Doparation   4                                      | OT.ELT.OLDO   Dadgette | ,otorioorga.gov            |
| City Manager                                 |                                 | Date:                            | Journal ID   | Journal Date   | Journal Period  | Initials               | Entered in QS1 Financials  |
| City ivialiage                               |                                 | Dale.                            | Journal ID   | Journal Date   | Journal Period  | midals                 | Entereu in Qo I Financiais |