



Budget Amendment Form

*Posted 6/7/24
BA0000325*

Department: General	Date: 5/14/2024
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Fund(s) to be changed: **General Fund**

GL Account	GL Line Item	Transfer to:	Transfer from:
001.19.519.9000	Contingency	\$ 21,016.80	
001.19.519.4602	Repairs & Maintenance Building	\$ 3,425.00	
001.21.521.1400	Overtime	\$ 1,579.37	
001.16.516.6410	Office & Operational Equipment	\$ 1,255.20	
001.00.369.3690	Reimbursement- Insurance Claims		\$ 1,255.20
001.00.369.3690	Reimbursement- Insurance Claims		\$ 3,425.00
001.00.369.3690	Reimbursement- Insurance Claims		\$ 21,016.80
001.00.369.3690	Reimbursement- Insurance Claims		\$ 1,579.37
TOTAL (Columns must be equal)		\$ 27,276.37	\$ 27,276.37

Description:

Record the FMIT reimbursements from the Claim dated: 2/4/24 at Vogel Park minus depreciation and deductible.