TOWN OF INDIAN TRAIL
REVENUE TO BUDGET AMENDMENT REQUEST

DATE _____

DEPARTMENT Governing Body

Budget Account Number	*Revenue Account Number*	*Account Description*	*Amount*
41-00-9810-980-000		Transfer to General Fund	195,000.00
	41-00-3991-991-000	Fund Balance approp	195,000.00
10-00-4120-397-000		Contract Services	195,000.00
	10-00-3980-980-000	Transfer from DS/CR	195,000.00
		-	-

EXPLANATION:

Fund initial design cost of architects

REQUESTED BY: _____

FINANCE: Marsha B Sutton

TOWN MANAGER: [signature] Finas

For Finance Dept Only:

EFFECTIVE DATE: _____ JOURNAL NO. ASSIGNED: _____

FISCAL YEAR: _____ ENTERED: _____

PERIOD: _____ DATE: _____