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Clear Form

Request No. _____
(For Finance Department Use Only)

CITY OF AURORA

Budget Transfer/Amendment Request Form

Date of Request: February 4, 2026

For Fiscal Year: 2026

Department: Aldermen's Office

Division: Ward 6

CIP No.	From Account No. *	Amount **	CIP No.	To Account No. *	Amount **
	Ward 6 Fund Balance	\$ 25,000		316-4060-431.38.18	\$ 25,000
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

* No transfers between funds.
** Minimum \$200; nearest \$100

Check below if this is a request for a budget amendment:

A budget amendment is requested for the accounts and amounts shown in the "To Account" column above for which corresponding accounts and amounts are not shown in the "From Account" column. The current departmental or fund budget, as appropriate, is insufficient to absorb expenditures/expenses that are now expected for the remainder of this fiscal year.

Justification:

This will cover Phase 1 preliminary engineering for the Safe Route to Schools project.

Signatures and Approval

Dept./Div. Head 1: _____

Dept./Div. Head 2: _____

Chief Financial Officer: _____
Comments:

Approved/Disapproved/Referred to the Mayor

Finance Committee Chair: _____

Approved/Disapproved

Mayor: _____

Approved/Disapproved