

CITY OF AURORA ALDERMANIC
2024-to-2025 Budget Carryover Request Form

Date of Request: _____

Request No. _____

(For Finance Department
Use Only)

Ward: _____

Account No.: _____

CIP Project No. _____

(If applicable)

Account Name: _____

Item Description: _____ (if account name is not fully descriptive)

Total Amount Budgeted in 2024 for the Project/Item: _____

(For accounts with budgets including multiple projects/items, this amount may be less than the total budget for the account.)

Amount of Expenditures Expected to be Incurred for the Project/Item by 12/31/24: _____

(Value of goods or services received by 12/31/24.)

Amount to be Carried Over to 2025: _____

Approximate Percentage of Project/Item Complete as of 12/31/24: _____ %

Justification:

Impact of Denial of Carryover Request:

Requester Signature

Alderpersion: _____

Finance Dept. Action:

Date Received: _____

Action:

Processed _____

Not Processed _____

Reason:

Request Received Late: _____

Routine Operational Item: _____

Other (explain below): _____

