Do not write in this space

Clear Form

Request No. _____
(For Finance Department Use Only)

CITY OF AURORA

Budget Transfer/Amendment Request Form

Date of Request: 10/10/2025

For Fiscal Year: 2025

Department: Public Works

Division: Engineering

CIP No.	From Account No. *	Amount **	CIP No.	To Account No. *	Amount **
IC022	510-4058-511-73-01	$ 250,000.00	IC080	510-4058-511-73-02	$ 250,000.00
		$			$
		$			$
		$			$
		$			$
		$			$

* 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: Additional lead service replacements need to be completed due to maintenance activities, elevated lead levels, or construction exposure by the end of 2025. New project to be awarded for 2026.

Signatures and Approval

Dept./Div. Head 1: [signature]

Dept./Div. Head 2: _____

Chief Financial Officer: _____ Approved/Disapproved/Referred to the Mayor
Comments:

Finance Committee Chair: _____ Approved/Disapproved

Mayor: _____ Approved/Disapproved