



# City of Annapolis Budget Revision Request

Department \_\_\_\_\_

Control number \_\_\_\_\_

Date \_\_\_\_\_

Account Name Only

Transfer FROM

Account Name Only	Transfer FROM

Approved for Financial & Accounting Sufficiency:

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Department D

Approved by:

Mayor

\_\_\_\_\_

Finance Committee

\_\_\_\_\_

City Council

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City Manager

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Transfer TO


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