



**CITY OF BRISTOL  
BOARD OF FINANCE AGENDA REQUEST FORM**

To: Board of Finance Commissioners

From: Bristol Police Department  
(Requesting Department)

Date: June 7, 2021  
(Submission Date)

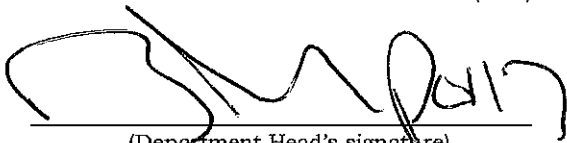
For the June 22, 2021 Board of Finance Meeting Agenda  
(Date of Meeting)

This request is for:  
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$ \_\_\_\_\_
- Transfer from Contingency \$ \_\_\_\_\_
- Transfer(s) \$ 9,432
- Grant \$ \_\_\_\_\_
- Carry-over(s) \$ \_\_\_\_\_
- Other

**Approval:**

This request was approved by the Board of Police Commissioners  
(governing Board of your department)  
at its meeting held on June 15, 2021.  
(date)

  
\_\_\_\_\_  
(Department Head's signature)

**All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 5:30 p.m. in the Council Chambers.**

Board of Finance Agenda Request Form

Reason for request:

Transfer from Utilities to Natural Gas to cover future operating expenses.  
 Transfer from Program Supplies to Testing Fees to cover mandated testing fees.  
 Transfer from Motor Fuels to Traffic Equipment to cover deficit.

Additional Appropriation(s) and/or Appropriation(s) complete the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____

Transfer(s) complete the following:

<b>From:</b>	0012312-541000 ACO Utilities	<b>To:</b>	0012312-562200 ACO Natural Gas	<b>Amount:</b>	\$500
<b>From:</b>	0012110-561800 Program Supplies	<b>To:</b>	0012110-531050 Testing Fees	<b>Amount:</b>	\$6,400
<b>From:</b>	0012111-562600 Motor Fuels	<b>To:</b>	0012111-570400 Traffic Equipment	<b>Amount:</b>	\$2,532
<b>From:</b>		<b>To:</b>		<b>Amount:</b>	
<b>From:</b>		<b>To:</b>		<b>Amount:</b>	
<b>From:</b>		<b>To:</b>		<b>Amount:</b>	
<b>From:</b>		<b>To:</b>		<b>Amount:</b>	

Grants:

Total Amount: Grant \$ \_\_\_\_\_

City Share \$ \_\_\_\_\_ %

Federal/State Share \$ \_\_\_\_\_ %

Carry-overs list the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____