

Ora Ash, Deputy State Auditor
 West Virginia State Auditor's Office
 200 West Main Street
 Clarksburg, WV 26301
 Phone: 627-2415 ext. 5114
 Fax: 627-2417

REQUEST FOR REVISION TO APPROVED BUDGET

Subject to approval of the state auditor, the governing body requests that the budget be revised prior to the expenditure or obligation of funds for which no appropriation or insufficient appropriation currently exists. (§ 11-8-26a)

CONTROL NUMBER
 FY: **2018**
 Fund: **2**
 Rev. No. **1**
 Pg. of No. **1 of 1**

CITY OF CHARLES TOWN
 GOVERNMENT ENTITY

Person To Contact Regarding Request:

Name: **Chris Bontoft**
 Phone: **304-724-3257**
 Fax: **304-725-1014**

PO BOX 14

STREET OR PO BOX

Municipality

Government Type

CHARLES TOWN
 CITY

25414
 ZIP CODE

REVENUES: (net each acct.)

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
298	Assigned Fund Balance	21,900	3,467		25,367
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
NET INCREASE/(DECREASE) Revenues (ALL PAGES)			3,467		

Explanation for Account # 378, Municipal Specific:
Explanation for Account # 369, Contributions from Other Funds:

EXPENDITURES: (net each account category)

(WV CODE 7-1-9)

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
750	Streets and Highways	21,900	3,467		25,367
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
NET INCREASE/(DECREASE) Expenditures			3,467		

APPROVED BY THE STATE AUDITOR

BY: _____ Date _____
 Deputy State Auditor, Local Government Services Division

 AUTHORIZED SIGNATURE OF ENTITY

7/3/2017
 APPROVAL DATE