



APPENDIX I

BUDGET AMENDMENT REQUEST FORM

Executive Director:
Organization Name:
Street Address:
City/Hamlet, Prov. Postal Code:

Date:

Attn: Community Investment Program
Regional Municipality of Wood Buffalo
Office of the Chief Financial Officer
9909 Franklin Avenue, Fort McMurray, AB T9H 2K4

Re: Request for Financial Approval for Budget Adjustment

I am requesting to transfer:

Amount	<i>From</i> Line Item	<i>To</i> Line Item	Reason for Adjustment
\$	<i>Name of Budget Item</i> FROM YOUR AGREEMENT	<i>Name of Budget Item</i> FROM YOUR AGREEMENT	<i>Details</i>

****Budget line items that are not related to the approved programs or services from the agreement are ineligible. ****

Number of supporting attachments (*Optional*) _____

Sincerely,

RMWB USE ONLY

_____ Yes, I approve

_____ No, I do not approve

Community Investment Program Manager: Toni Elliott

Manager's Signature: _____ Date: _____