

Exceptional Item Request Form - FY 2020-2021

Request # AF-1B

Date: 7/7/2020

Requestor: Staff

Allocating Additional Funds To:	
Fund Name & No.	Various
Department Name & No.	Various
Line Item No. & Description or NEW Line Item Description	5000 - Salary

Item Description:

2% COLA

Description of Benefit from Purchase (Improved Service, Lower Cost, etc.)

Number of Items or Units: 1

Cost Per Item or Unit: \$ 28,553.00

Additional Cost Per Item (Including ongoing maintenance): _____

Total Cost: \$ 28,553.00

When Balance Offset Is Needed

Offset Savings From Fund/Dept./Line Item No.: _____

saved amount: _____

Offset Savings From Fund/Dept./Line Item No.: _____

saved amount: _____

Offset Savings From Fund/Dept./Line Item No.: _____

saved amount: _____

Offset Savings From Fund/Dept./Line Item No.: _____

saved amount: _____

Offset Savings From Fund/Dept./Line Item No.: _____

saved amount: _____

Total Amount Saved: \$ -

Please attach any quotes or backup to support this Exceptional Item Request.