

Exceptional Item Request Form - FY 2022-2023

Request # AF-1D

Date: 8/5/2022

Requestor: Staff

| | |
|---|--|
| Allocating Additional Funds To: | |
| Fund Name & No. | All Funds |
| Department Name & No. | Various |
| Line Item No. & Description or NEW Line Item Description | Salaries, Social Security/Medicare, TMRS |

Item Description:

4% COLA

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

Fund 100 - \$52,388

Fund 200 - \$8,819

Fund 800 - \$8,819

Number of Items or Units: _____

Cost Per Item or Unit: _____

Additional Cost Per Item (Including ongoing maintenance): _____

Total Cost: \$ 70,026.00

| | |
|---|---------------------|
| <u>When Balance Offset Is Needed</u> | |
| 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: \$ <u> -</u> | |

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