CITY OF MEDFORD **Appropriation Modifications per ORS 294.338(2)**

Requesting Department: Biennium **FY15/16 - FY16/17**

Date of Proposed Council Action: Date **December 27, 2016**

Explanation of Requested Transfer: See AIC

Account Number	Description	Project Number	Debit	Credit
TOTALS			-	-

Requested by _____ Approved by _____

Department Head **City Manager**