**CITY OF MEDFORD** **Supplemental Appropriation Modification per ORS 294-.471**

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

Date of Proposed Council Action: 1111 Date **December 27, 2016**

Explanation of Requested Transfer: See AIC

| Account Number | Description | Project Number | Debit | Credit |
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Requested by _____ Approved by _____

**Department Head** **City Manager**