



CITY OF WINCHESTER REQUEST FOR CAPITAL BUDGET CARRYFORWARD

Complete this form to request that unused funds for capital projects be carried forward to the new fiscal year to complete the project.

Department Information

Department: _____ Date: _____

Department Head Name: _____

Department Head Signature: _____

	Budgeted Account Number	Description	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Justification: _____

Finance Department Review

Processed by: _____ Date: _____

Budget: Yes ___ No ___ Amount Available: _____

Comments: _____

City Manager Approval

Approved: Yes ___ No ___ Date: _____

Comments: _____

Council Approval Date: Yes ___ No ___ Date: _____

Processed by Finance Date: _____ By: _____