

Exceptional Item Request Form - FY 2024-2025

Request # AF-1B

Date: 7/8/2024

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:

2% COLA (For Non-Contract Staff)

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

Fund 100 - \$28,944

Fund 200 - \$5,264

Fund 800 - \$5,264

Number of Items or Units: _____

Cost Per Item or Unit: \$ 39,472

Additional Cost Per Item (Including ongoing maintenance): _____

Total Cost: \$ 39,472

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: \$ <u>-</u>	

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