

**Exceptional Item Request Form - FY 2024-2025**

**Request # AF-1C**

**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:**

3% COLA (For Non-Contract Staff)

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

Fund 100 - \$43,416

Fund 200 - \$7,896

Fund 800 - \$7,896

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**Number of Items or Units:** \_\_\_\_\_

**Cost Per Item or Unit:** \$ 59,208

**Additional Cost Per Item (Including ongoing maintenance):** \_\_\_\_\_

**Total Cost:** \$ 59,208

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: _____
<b>Total Amount Saved:</b> \$ <u>-</u>	

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