

**Town of Dryden  
Budget Modification Request Form**

Department: General Date of Request: November 6, 2024

Department Head: Jason Leifer Signature: \_\_\_\_\_

| Budget Lines to be Modified:<br><small>(each request must list two budget lines)</small> |              | Amount | Reason for Budget Modification:<br><small>(attach additional documentation if necessary)</small> |
|--|--------------|--------|--|
| Account Number   | Account Name | \$     |  |

|       |           |                          |   |          |                                   |
|-------|-----------|--------------------------|---|----------|-----------------------------------|
| From: | A1220.454 | Supervisor - Travel      | - | 2,000.00 | Underbudgeted contractual expense |
| To:   | A1220.450 | Supervisor - Contractual | + | 2,000.00 |                                   |

|       |           |                   |   |          |   |
|-------|-----------|-------------------|---|----------|---|
| From: | A1420.402 | Legal             | - | 7,000.00 | Additional audi expense due to capital projects |
| To:   | A1320.4   | Independent Audit | + | 7,000.00 |   |

|       |         |                     |   |          |                                     |
|-------|---------|---------------------|---|----------|-------------------------------------|
| From: | A1680.2 | IT - Equipment      | - | 1,000.00 | Underbudgeted judgements and claims |
| To:   | A1930.4 | Judgements & Claims | + | 1,000.00 |                                     |

|       |              |                       |   |           |                                 |
|-------|--------------|-----------------------|---|-----------|---------------------------------|
| From: | SF1-599      | Fund Balance          | - | 75,000.00 | Additional funds above contract |
| To:   | SF1-3410.405 | WB Strong - Freeville | + | 75,000.00 |                                 |

|       |            |                               |   |          |  |
|-------|------------|-------------------------------|---|----------|--|
| From: | SF1-9040.8 | Workers Comp                  | - | 5,500.00 | Additional training and strategic planning session |
| To:   | SF1-3410.4 | Fire Prevention - Contractual | + | 5,500.00 |  |

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|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

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|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

| Review and Decision (Bookkeeper/Clerk Use Only)                      |                              |
|--|------------------------------|
| <b>Bookkeeper Review:</b>  |                              |
| Are funds available as listed above to make the budget modification? | Yes _____ No _____           |
| Date: _____  | Signature: _____             |
| <b>Town Board Approval:</b>  |                              |
| Date of Town Board meeting to be discussed: <u>11/14/24</u>          |                              |
| Was the budget modification approved?                                | Yes _____ No _____           |
| Date: _____  | Signature: _____             |
| Give to Town Clerk for Resolution # _____                            |                              |
| <i>**return to the Bookkeeper to make the appropriate entries**</i>  |                              |
| <b>Modification Entered:</b>   | Date: _____ Signature: _____ |

**Town of Dryden  
Budget Modification Request Form**

Department: Highway

Date of Request: November 6, 2024

Department Head: Rick Young

Signature: \_\_\_\_\_

| Budget Lines to be Modified:<br><small>(each request must list two budget lines)</small> |              | Amount | Reason for Budget Modification:<br><small>(attach additional documentation if necessary)</small> |
|--|--------------|--------|--|
| Account Number   | Account Name | \$     |  |

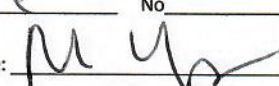
|              |           |                            |   |          |  |
|--------------|-----------|----------------------------|---|----------|--|
| <b>From:</b> | A1490.403 | Cleaning                   | - | 5,000.00 | Higher than budgeted contractual expense |
| <b>To:</b>   | A1490.4   | Public Works - Contractual | + | 5,000.00 |  |

|              |            |                                |   |           |                                       |
|--------------|------------|--------------------------------|---|-----------|---------------------------------------|
| <b>From:</b> | DB5110.1   | Street Maintenance - Pers Serv | - | 43,372.94 | Underbudgetd for regular and overtime |
| <b>To:</b>   | DB5112.1   | Road Improvements - Personal   | + | 41,846.63 |                                       |
| <b>To:</b>   | DB5112.110 | Road Improvements - OT         | + | 1,526.31  |                                       |

|              |          |                   |   |           |  |
|--------------|----------|-------------------|---|-----------|--|
| <b>From:</b> | DB2801   | Interfund Revenue | - | 1,766.91  | CDBG Reimbursement for fringe benefits<br><br>Underbudgeted health insurance |
| <b>From:</b> | DB2401   | Interest          | - | 12,651.44 |  |
| <b>To:</b>   | DB9060.8 | Medical Insurance | + | 14,418.32 |  |

|              |            |                              |   |           |  |
|--------------|------------|------------------------------|---|-----------|--|
| <b>From:</b> | SS8-2801   | Interfund Revenues           | - | 30,389.93 | Accounting for funds from CDBG reimbursement |
| <b>To:</b>   | SS8-8120.4 | Sanitary Sewer - Contractual | + | 26,500.00 |  |
| <b>To:</b>   | SS8-8120.1 | Personal Services (DPW)      | + | 3,889.93  |  |

|              |  |  |   |  |  |
|--------------|--|--|---|--|--|
| <b>From:</b> |  |  | - |  |  |
| <b>To:</b>   |  |  | + |  |  |

| Review and Decision (Bookkeeper/Clerk Use Only)                      |  |
|--|--|
| <b>Bookkeeper Review:</b>  |  |
| Are funds available as listed above to make the budget modification? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| Date: <u>11/6/24</u>   | Signature: <u></u> |
| <b>Town Board Approval:</b>  |  |
| Date of Town Board meeting to be discussed:                          | _____  |
| Was the budget modification approved?                                | Yes _____ No _____   |
| Date: _____  | Signature: _____   |
| Give to Town Clerk for Resolution # _____                            |  |
| **return to the Bookkeeper to make the appropriate entries**         |  |
| Modification Entered:  | Date: _____ Signature: _____   |

**Town of Dryden  
Budget Modification Request Form**

Department: Town Clerk Date of Request: November 6, 2024

Department Head: Bambi Avery Signature: *B. Avery*

| Budget Lines to be Modified:<br><small>(each request must list two budget lines)</small> |              | Amount | Reason for Budget Modification:<br><small>(attach additional documentation if necessary)</small> |
|--|--------------|--------|--|
| Account Number   | Account Name | \$     |  |

|              |           |                                |   |          |   |
|--------------|-----------|--------------------------------|---|----------|---|
| <b>From:</b> | A1460.101 | Records Management - Personnel | - | 4,684.00 | Change of staff from part time to full time |
| <b>To:</b>   | A1330.102 | Seasonal Help                  | + | 4,684.00 |   |

|              |  |  |   |  |  |
|--------------|--|--|---|--|--|
| <b>From:</b> |  |  | - |  |  |
| <b>To:</b>   |  |  | + |  |  |

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| <b>From:</b> |  |  | - |  |  |
| <b>To:</b>   |  |  | + |  |  |

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| <b>From:</b> |  |  | - |  |  |
| <b>To:</b>   |  |  | + |  |  |

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| <b>From:</b> |  |  | - |  |  |
| <b>To:</b>   |  |  | + |  |  |

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| <b>From:</b> |  |  | - |  |  |
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|--------------|--|--|---|--|--|
| <b>From:</b> |  |  | - |  |  |
| <b>To:</b>   |  |  | + |  |  |

| Review and Decision (Bookkeeper/Clerk Use Only)                      |                              |
|--|------------------------------|
| <b>Bookkeeper Review:</b>  |                              |
| Are funds available as listed above to make the budget modification? | Yes _____ No _____           |
| Date: _____  | Signature: _____             |
| <b>Town Board Approval:</b>  |                              |
| Date of Town Board meeting to be discussed:                          | _____                        |
| Was the budget modification approved?                                | Yes _____ No _____           |
| Date: _____  | Signature: _____             |
| Give to Town Clerk for Resolution # _____                            |                              |
| <i>**return to the Bookkeeper to make the appropriate entries**</i>  |                              |
| <b>Modification Entered:</b>   | Date: _____ Signature: _____ |

**Town of Dryden  
Budget Modification Request Form**

Department: Recreation

Date of Request: November 6, 2024

Department Head: Marty Conger

Signature: 

| Budget Lines to be Modified:<br><small>(each request must list two budget lines)</small> |              | Amount | Reason for Budget Modification:<br><small>(attach additional documentation if necessary)</small> |
|--|--------------|--------|--|
| Account Number   | Account Name | \$     |  |

|       |           |                   |   |        |  |
|-------|-----------|-------------------|---|--------|--|
| From: | A2005     | Rec - Misc Grants | - | 300.00 | Grant for community music revenue moved to expenditure |
| From: | A7989.407 | Rec - Misc Grants | - | 555.00 |  |
| To:   | A7989.402 | Community Music   | + | 855.00 |  |

|       |  |  |   |  |  |
|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

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|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

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|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

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|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

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|-------|--|--|---|--|--|
| From: |  |  | - |  |  |
| To:   |  |  | + |  |  |

| Review and Decision (Bookkeeper/Clerk Use Only)                      |                              |
|--|------------------------------|
| <b>Bookkeeper Review:</b>  |                              |
| Are funds available as listed above to make the budget modification? | Yes _____ No _____           |
| Date: _____  | Signature: _____             |
| <b>Town Board Approval:</b>  |                              |
| Date of Town Board meeting to be discussed: _____                    |                              |
| Was the budget modification approved?                                | Yes _____ No _____           |
| Date: _____  | Signature: _____             |
| Give to Town Clerk for Resolution # _____                            |                              |
| <i>**return to the Bookkeeper to make the appropriate entries**</i>  |                              |
| Modification Entered:  | Date: _____ Signature: _____ |