



# City of San Antonio Fiscal Impact Form

## Category Selection

*Tip: Once you have selected a category, you must reset the form to change the category.  
Resetting the form clears all your entries.*

\*Is this a contract for City Council Consideration?  Yes  No

\*Fiscal Impact?  Yes  No

\*Is the attached contract signed?  Yes  No

SAP Contract Number:

Please choose from the list below:

Expenditure  Revenue

## Category 1: Operating Expenses (Expenditures)

This option would be for routine purchases and other expenditures

Are funds budgeted for this expenditure?  Yes  No

Is this a Purchasing Department annual Contract?  Yes  No

Comments:

Staffing Budgeted?  Yes  No

Positions Currently Authorized?  Yes  No

Personnel Changes:



# City of San Antonio Fiscal Impact Form

Impact on Operation & Maintenance:

Available Funding Source(s)

Amount(\$)	General Ledger No.	Cost Center	Fund No.	Internal Order No.
770.00	5201040	410100001		

When submitting your information be sure to attach all related fiscal information.  
This completes your required information.

## User Authentication

Authorized Signature: Alyson Smith (OHP)

Date: 07/24/2015

Attach this completed form to your item.