

# 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:  Operating  Expenditure  Revenue
Cat	egory 1: Operating Expenses (Expenditures)
This opt	tion would be for routine purchases and other expenditures
Are	funds budgeted for this expenditure?   Yes   No
Is this a F	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**

mpact on Operation & M	aintenance:			

### Available Funding Source(s)

Amount(\$)	General Ledger No.	Cost Center	Fund No.	Internal Order No.
\$300,000	5201040	5002000001	11001000	

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

#### **User Authentication**

Authorized Signature:

Date: (0-10-19)
Evin Pe La Rosa (Finance-Shaved Services) Attach this completed form to your item.