



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:



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Impact on Operation & Maintenance:

None

Available Funding Source(s)

Amount(\$)	General Ledger No.	Cost Center	Fund No.	Internal Order No.
\$120,000	5201040	5701020017	11001000	N/A

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

User Authentication

Authorized Signature: Gloria T. Alvarado (NHSD)

Date: 08/28/2020

Attach this completed form to your item.