

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?				
	*Is the attached contract signed? Yes No				
SAP Contract Number:					
	Please choose from the list below:				
	Operating				
	Expenditure				
Cate	egory 1: Operating Expenses (Expenditures)				
This opt	ion 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:				
Available Funding So					_
Amount(\$)	General Ledger No.	Cost Center	Fund No.	Internal Order No.	
\$842.70	5201040	4101010001	11001000		
	When submitting your in This c	formation be sure to attac ompletes your required ir		rmation.	
		User Authentication	on		
Authorized Sig	gnature: Veronica Ca	rstro		^{Date:} 11/23/2021	

Attach this completed form to your item.