

**CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM**

For Accounting use:

Fiscal Year: _____ **Accounting Approval:** _____
Period: _____ **Entered By:** _____
Transaction Date: _____ **Group Number:** _____

Department/Division Management Services Department 1305

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-1305-513.47-00	Printing and Binding		-186
001-1305-513.48-99	Promotional	\$ 186	

Count	TOTAL	\$186	-\$186
		-----Must Balance-----	
		(Do not use cents)	

Notes / Comments
 Moved money to Promotional for the EMPACT (Employee Morale and Compensation Team) luncheon.

Approved By: Check Appropriate Box	City Council: Exceeds \$35,000	Informational Note Only:	Resolution #
	City Manager: Less than \$35,000	Programs/Capital not budgeted	Approval Date: 11-05-2013
	Mgt Srvc Director: Internal	must be presented to Council	BA # - 2014-006
	Signature:	[Date Signed:	

Robert R. Hayes
11/5/13