CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year: FY 13-14 **Accounting Approval:**
Period: **Entered By:**
Transaction Date: **Group Number:**

Department/Division PARKS & REC

Dept. Authorization

Account Number	Fund / Account Description	Increase	Decrease
001-7206-572.13-10	OTHER SALARIES & WAGES PT		$ 22,000
001-7206-572-12-10	REGULAR SALARIES & WAGES	$ 22,000	
Count			
	TOTAL	**$22,000**	**$22,000**

------Must Balance-----
(Do not use cents)

Notes / Comments

transfer monies to regular account employee is F/T from P/T acount

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:
OK 12/30 DW		Mgt Srvc Director: Internal	must be presented to Council	BA # - 2014-027
		Signature:	[Date Signed:	

Robert R. Hayes
12/31/13