

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

**For Accounting use:**

**Fiscal Year:** FY 2013/2014      **Accounting Approval:** \_\_\_\_\_  
**Period:** \_\_\_\_\_      **Entered By:** \_\_\_\_\_  
**Transaction Date:** \_\_\_\_\_      **Group Number:** \_\_\_\_\_

**Department/Division** PUBLIC WORKS  
**Dept. Authorization** BOBBY WYATT *B*

Account Number	Fund / Account Description	Increase	Decrease
102-4100-541.31-99	Professional Services/ Other Project# 12-011	\$ 40,000	
102-4100-541.31-99	Professional Services/ Other		\$ (40,000) ✓
138-3800-538.31-99	Professional Services/ Other Project# 12-011	\$ 40,000	
138-3800-538.31-99	Professional Services/ Other		\$ (40,000) ✓ ?
408-3300-533.31-99	Professional Services/ Other Project# 12-011	\$ 40,000	
408-3300-533.31-99	Professional Services/ Other		\$ (40,000) ✓ ?
409-3300-533.31-99	Professional Services/ Other Project# 12-011	\$ 40,000	
409-3300-533.31-99	Professional Services/ Other		\$ (40,000) ✓ ?
<b>TOTAL</b>		<b>\$160,000</b>	<b>-\$160,000</b>

**Notes / Comments**

Request a Budget Amendment to add the Project# to the budgeted CIP amounts in these accounts for the OOTP Infrastructure Project# 12-011.

<b>Approved By:</b> Check Appropriate Box	<input type="checkbox"/>	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution #
	<input type="checkbox"/>	City Manager: Less than \$35,000		Approval Date: 01/09/2014
	<input checked="" type="checkbox"/>	Mgt Srvc Director: Internal	BA # - 2014- 029	
	<input type="checkbox"/>	Signature: _____	[Date Signed: _____]	

*OK 1/9/14 DW*

*Robert Hayes*  
1-10-14