

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

**For Accounting use:**

**Fiscal Year:** FY 13-14  
**Period:** \_\_\_\_\_  
**Transaction Date:** \_\_\_\_\_

**Accounting Approval:** \_\_\_\_\_  
**Entered By:** \_\_\_\_\_  
**Group Number:** \_\_\_\_\_

**Department/Division** Management - Communications  
**Dept. Authorization** \_\_\_\_\_

Account Number	Fund / Account Description	Increase	Decrease
001-1205-512-42-10	Postage		\$ 1,314 ✓
001-1205-512-47-00	Printing and Binding		\$ 1,200 ✓
001-1205-512-52-04	Small Tools	\$ 2,514 ✓	
<b>Count</b>			
<b>TOTAL</b>		<b>\$2,514</b>	<b>\$2,514</b>
		-----Must Balance-----	
		(Do not use cents)	

**Notes / Comments**  
 Funds reallocated to cover cost of equipment for Council Chambers sound system.

<b>Approved By:</b> Check Appropriate Box	<input type="checkbox"/> City Council: Exceeds \$35,000	<input type="checkbox"/> Informational Note Only: Programs/Capital not budgeted	Resolution #
	<input type="checkbox"/> City Manager: Less than \$35,000		Approval Date:
	<input checked="" type="checkbox"/> Mgt Srvc Director: Internal	<input type="checkbox"/> must be presented to Council	BA # - 2014- 032
	<u>OK DW 11/21/14</u>	Signature:	[Date Signed: _____]

*Robert R. Hayes 11/21/14*