

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

For Accounting use:

Fiscal Year: FY 14-15 Accounting Approval: _____
 Period: _____ Entered By: _____
 Transaction Date: _____ Group Number: _____

Department/Division BUDGET

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-1305-513-44-20	RENTALS & LEASES/OFFICE EQUIP.	+200	
001-1305-513-54-20	BOOKS, PUBLICATIONS, SUBS/TRAINING		-320
001-1305-513-49-10	OTHER CURENT CHARGES/LEGAL ADVERTISING	+120	
Count			

TOTAL +320 -320

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

Notes / Comments

Transfer of monies to cover funds

Approved By:

Check Appropriate Box <i>OK DW 3/19/14</i>	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution #
	City Manager: Less than \$35,000		Approval Date:
	Mgt Srvc Director: Internal		BA # 2014 - <i>043</i>
	Signature: _____	[Date Signed: _____]	

Robin R. Hayes
3/19/14