

**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 COMMUNICATIONS

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-1205-512-42.10	FREIGHT & POSTAGE SERVICE		-1188
001-1205-512-34.99	OTHER CONTRACTUAL SERVICE	+1188	
001-1205-512-47.00	EXECUTIVE/PRINTING & BINDING		-650
001-1205-512-52.04	OPERATING SUPPLIES/SM TOOLS	+650	
001-1205-512-47.00	EXECUTIVE/PRINTING & BINDING		-50
001-1205-512-52.03	OPERATING SUPPLIES/UNIFORMS	+50	

TOTAL +1888 -1888

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

Notes / Comments

Move budgetary funding to realign expenditure priorities

Approved By: Check Appropriate Box <i>OK DW 3/25/14</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	Signature: _____ [Date Signed: _____]	BA # 2014 - 045
	Signature: _____		

Robert R. Hayes
3/25/14