

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

For Accounting use:

Fiscal Year: _____ Accounting Approval: _____
 Period: _____ Entered By: _____
 Transaction Date: _____ Group Number: _____

Department/Division BUDGET
 Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-1200-512-49.99	General Fund/Epass	216	
001-1200-512-46.04	Repair/Maint. (carwash)	32	
001-1200-512-52.01	Fuel Fund	807	
001-1200-512-44.40	Vehicle	5600	
001-1200-512-41.80	Comm/Freight/Cellphone		-389
001-1200-512-41.99	Comm/Freight/Other		-132
001-1200-512-54.20	Books/Pub/Training		-2550
001-1200-512-54.99	Books/Pub/Other		-2811
001-1200-512-11.10	Executive Salary/General		-13450
001-1200-512-21.00	Executive Salary/Fica/Medicare		-4897
001-1200-512-22.10	Retirement Cont/Retirement		-917
001-1200-512-23.05	Health Insurance/Health	1035	
001-1200-512-23.06	Health Insurance/Dependent	312	
001-1200-512-23.10	Health/Life Insurance		-986
001-1200-512-23.15	Health Insurance/LT Dis.		-129
001-1200-512-24.00	Executive/Workers Comp		-256
001-1100-511-31.99	Professional Services/Other	648	
001-1100-511-44.99	Rental&Leases/other	1,980	
001-1100-511-48.99	Promotional Activities/Other	8,500	
001-1100-511-54.99	Books, Publications, Subs/Other	7,335	
001-1202-512-13.20	Other Salaries & Wages/Temp	300	

Count

TOTAL

\$26,517

-\$26,517

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

Notes / Comments

adjust funds to cover for CM vehicle/repairs etc.

Approved By: Check Appropriate Box	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 Svc Director: Internal	[Date Signed:	BA # - 2014-050
	Signature:		

OK DW 4/16

Robert R. Hayes 4/16/14