

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

For Accounting use:

Fiscal Year: FY 2013/14 Accounting Approval: _____
 Period: _____ Entered By: _____
 Transaction Date: _____ Group Number: _____

Department/Division PUBLIC WORKS/ 4107 STREET-75 / SIDEWALKS MAINTENANCE
 Dept. Authorization B

Account Number	Fund / Account Description	Increase	Decrease
001-4107-541-53-00 ✓	Road Materials & Supplies		\$ - 10,000.00
001-4107-541-52-99 ✓	Other Operating Supplies	\$ + 10,000.00	

acc

Count	TOTAL	\$10,000	\$10,000
		-----Must Balance-----	
		(Do not use cents)	

Notes / Comments
 To cover line item shortages.

Approved By: Check Appropriate Box	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution # <u>2</u>
	City Manager: Less than \$35,000		Approval Date:
	Mgt Srvc Director: Internal		BA # - <u>2014-076</u>
	Signature:	[Date Signed:	

OK DW 6/19/14

Robert Hayes 6/20/14

(copy FYE only)
Account
Submitted
to
BARBARA
BY
Tracy

PURCHASE ORDER
CHANGE ORDER REQUEST FORM

PURCHASE ORDER NUMBER 140316 Preferred Materials

DATE 6/18/2014

CONTACT PERSON David Waller

DEPT/DIV 4107

REQUEST THE FOLLOWING CHANGES TO THE ABOVE PURCHASE ORDER:

Change the Unit Price

Item # _____ From: \$ _____ To: \$ _____ +/- \$ _____

Item # _____ From: \$ _____ To: \$ _____ +/- \$ _____

Change the Order Quantity

Item # 1 From: 27,854.32 To: 17,854.21 +/- 10,000.00

Item # _____ From: _____ To: _____ +/- _____

Delete an Item (only if the entire order quantity of the item will not be received)

Item Number _____ Item Number _____ Item Number _____

Add an Item to the Purchase Order

Qty: _____ UOM: _____ Unit Price: \$ _____ Account Number: _____

Item Description: _____

Qty: _____ UOM: _____ Unit Price: \$ _____ Account Number: _____

Item Description: _____

Cancel Purchase Order (only if the entire order has or will not be received)

Change the Account Number or Project Number

Item # _____ From: _____ To: _____

Item # _____ From: _____ To: _____

Other Changes (description changes, delivery address changes, etc)

Please Explain: _____

Miscellaneous Information: Un-encumbering funds and preparing a budget amendment to transfer the funds to 001-4107-541-52-99

Department Director Signature: 