

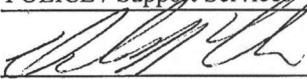
FY14-15

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

For Accounting use:

Fiscal Year: 2014-2015 Accounting Approval: _____
 Period: _____ 12 Entered By: _____
 Transaction Date: _____ Group Number: _____

Department/Division POLICE / Support Services / GRT (2106)

Dept. Authorization 

Account Number	Fund / Account Description	Increase	Decrease
001-2106-521-52-04 ✓	Small Tools ✓		\$ - 127
001-2106-521-52-03 ✓	Uniforms ✓	\$ 106	
001-2106-521-51-30 ✓	General Office Supplies ✓	\$ 21	
Count	TOTAL	\$127	\$127
-----Must Balance----- (Do not use cents)			

Notes / Comments
 Note as to why the transfer needs to be made, reference all documentation including resolutions or ordinances.

Approved By: Check Appropriate Box OK DW 10/8/15	City Council: Exceeds \$35,000	Informational Note Only:	Resolution #
	City Manager: Less than \$35,000	Programs/Capital not budgeted	Approval Date:
	Mgt Srvc Director: Internal	must be presented to Council	BA # - 2015-209
	Signature:	[Date Signed: 10/8/15]	

 10/8/15  10/7/15