FY 14-15

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/Divisio MANAGEMENT SERVICES

Dept. Authorization

Account Number	Fund / Account Description	Increase	Decrease
001-2103-521.13-20	Other Salaries/Temp----Sandy	1,136	
001-2103-521.21-00	FICA/MEDICARE	94	
001-7201-572.13-20	Other Salaries/Temp-----Mary Polly & Jennette Davis-McKinney	124	
001-7201-572.21-00	FICA/MEDICARE	11	
001-1305-513.23-05	Health Insurance/Health	135	
001-1305-513.44-20	Rentals/Leases/Office	255	
001-1305-513.46-19	Repairs/Maintenance/Bldg	137	
001-1305-513.52-99	Other Operating Supplies		-1,892
	TOTAL	**$1,892**	**-$1,892**

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

Notes / Comments
year end clean up - Adjustments for City Hall Front Receptionist

Approved By:	City Council: Exceeds $35,000	Informational Note Only:	Resolution #
Check Appropriate Box	City Manager: Less than $35,000	Programs/Capital not budgeted	Approval Date:
	Mgt Srvc Director: Internal	must be presented to Council	BA # - 2015- 910
ok DW 10/8/15	Signature:	[Date Signed:	

Robert R Hayes 10/8/15