

FY 13-14

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

Department/Divisor City Clerk *2013/2014 Budget*

Dept. Authorization *Barbara Babour*

Account Number	Fund / Account Description	Funds to be transferred From:	Funds to be transferred To:
001-1202-512-49-12	Election Costs	\$ (400)	
001-1202-512-13-10	Part Time		\$ 400
001-1202-512-49-10	Legal Advertising	\$ (50)	
110-1202-512-21-00	FICA/Medicare Taxes		\$ 50

TOTAL	-\$450	\$450
	-----Must Balance-----	
	(Do not use cents)	

Notes / Comments
 Transfer to be used to allow part-time staff to cover Clerk's office during vacations and conference schedules of other staff.

Approved By: Check Appropriate Box <i>9/26/13 ok DW</i>	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	
	City Manager: Less than \$35,000		<i>10/1/13</i>
	Mgt Srv Director: Internal		<i>BA-2014-01</i>

Robert R. Hayes 9/26/13