

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

For Accounting use:

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

Department/Division Recs & Parks - Concession Division

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-7206-572.13-20	<i>Other Salaries Wages/Temporary</i>		\$ (22,000)
001-7206-572.13-10	Other Salaries & Wages/ Part-Time	\$ 22,000	

Count

TOTAL \$22,000 - \$22,000

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

Notes / Comments

Correct the funding of the (30 hour) Reg. PT employee that should be charged to concessions annually.

Approved By: Check Appropriate Box	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 # - <i>2014-024</i>
	Signature:	[Date Signed:	

ok DW 12/11/13

Robert R Hayes 12/11/13