

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

For Accounting use:

Fiscal Year: 2013/14	Accounting Approval: _____
Period: _____ 8	Entered By: _____
Transaction Date: 5/8/2014	Group Number: _____

Department/Division Development Services

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-1501-515.13-20 ✓	Other Salaries & Wages/Temporary		\$ - 3,800 ✓
001-2402-524.14-00 ✓	Protective Inspections/Overtime	\$ 3,800	

Count

TOTAL **\$3,800** **\$3,800**
-----Must Balance-----
(Do not use cents)

Notes / Comments
*Dept. Mid-Year Adjustments
To allow overtime during the Business Tax Receipt peak season so employees can perform additional work.

Approved By: Check Appropriate Box	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution #
	City Manager: Less than \$35,000		Approval Date:
	Mgt Svc Director: Internal	[Date Signed: _____]	BA # - 2014-55
	Signature:		

OK DW 5/9/14

Robert Hayes 5/9/14