

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

For Accounting use:

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

Department/Division Mid-Year Adjustments

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-2202-522.12-10	Regular Salaries/Wages		-18000
001-2202-522.21-00	FICA/Medicare Taxes	\$ 2,000	
001-2202-522.22-30	Retirement Contributions/FD Pension	\$ 4,500	
001-2202-522.23-05	Heath Insurance/Health	\$ 5,000	
001-2202-522.24-00	Fire Control/Workers Compensation	\$ 2,000	
001-2203-522.12-10	Regular Salaries/Wages	\$ 4,500	
001-1202-512.49-12	Other current charges/Election Costs		-8020
001-1201--512.13-20	Other Salaries Wages/Temporary	\$ 600	
001-1201-512.31-99	Profesional Services/Other Proffesional	\$ 4,300	
001-1303-513.31-99	Profesional Services/Other Proffesional	\$ 3,120	

TOTAL **\$26,020** **-\$26,020**
-----Must Balance-----
(Do not use cents)

Notes / Comments

Mid Year Adjustments

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 Srvc Director: Internal		BA # - 2014- 058
	Signature: _____	[Date Signed: _____]	

OK DW 5/9/14

Robert R. Hayes
5/9/14