

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

For Accounting use:

Fiscal Year: FY 2013/14 **Accounting Approval:** _____
Period: _____ **Entered By:** _____
Transaction Date: _____ **Group Number:** _____

Department/Division _____ 4107

Dept. Authorization PO

Account Number	Fund / Account Description	Increase	Decrease
001-4107-541-46-22 ✓	Repair & Maintenance / Street Signs ✓		\$ - 6,472.00 ✓
001-4107-541-34-99 ✓	Other Operating Supplies / Other Contractu ✓	\$ 6,472.00	

Count	TOTAL	\$6,472	\$6,472
		-----Must Balance-----	
		(Do not use cents)	

Notes / Comments

To cover line item shortages.

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	Signature: <u>(M)</u>	BA # - 201 <u>4-081</u>
			[Date Signed: _____]

OK DW 7/23/14

Robert R. Hayes 7/23/14