CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year: 2013-14 **Accounting Approval:**
Period: **Entered By:**
Transaction Date: **Group Number:**

Department/Division HUMAN RESOURCES/BENEFITS

Dept. Authorization Connie Allen

Account Number	Fund / Account Description	Increase	Decrease
510-9000-590.99-20	Contigency account		$404
510-5600-562.49-99	OTHER CURRENT CHARGES	$404	
Count	**TOTAL**	**$404**	**$404**

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

Notes / Comments Funds to pay for PCORI Fee payable to the Department of the Treasury covered lives on medical plan representing $1.00 per covered life.

Approved By: Check Appropriate Box				
		City Council: Exceeds $35,000		Resolution #
		City Manager: Less than $35,000	Programs/Capital not budgeted must be presented to Council	Approval Date:
		Mgt Srvc Director: Internal		BA # - 2014- 052
OK DW 7/24/14		Signature:	[Date Signed:	

Robert R Hayes
7/24/14