

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

For Accounting use:

Fiscal Year: \_\_\_\_\_ Accounting Approval: \_\_\_\_\_  
 Period: \_\_\_\_\_ Entered By: \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_ Group Number: \_\_\_\_\_

Department/Division ~~Budget~~ City Manager

Dept. Authorization

Account Number	Fund / Account Description	Increase	Decrease
001-1200-512.11-10	Executive Salaries/executive		-28475
001-1200-512.21-00	Executive/FICA/Medicare Taxes		-2540
001-1200-512.22-10	Retirement Contributions/Retirement		-1670
001-1200-512.23-05	Health Insurance/health		-6076
001-1200-512.23-10	Health Insurance/Health		-78
001-1200-412.23-15	Health Insurance/LT Disability		-161
001-9000-590.99-20	Reserve for Contingencies	39,000	

**TOTAL**      **\$39,000**      **-\$39,000**

-----Must Balance-----

(Do not use cents)

**Notes / Comments**

To move budgeted funds in the City Managers department to Reserve for Contingencies account to help increase the General Fund's fund balance for FY 13/14. Additional funds available due to the Assistant City Manager position being vacant during FY 13 14

<b>Approved By:</b> Check Appropriate Box  ok DW 8/4/14	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	[Date Signed:	BA # - 2014- 086
	Signature:		

*Robert R. Hayes*  
8/4/14