

**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 _____ 3802

Dept. Authorization *[Signature]*

Account Number	Fund / Account Description	Increase	Decrease
138-380 ³ -538-46-17	Repair and Maintenance / Storm Sewer		\$ - 3,000.00
138-380 ³ -538-46-20	Repair and Maintenance / Sidewalk Repair	\$ 3,000.00	
Count	TOTAL	\$3,000	\$3,000
-----Must Balance----- (Do not use cents)			

acc

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: <u>BA2014-099</u>
	Mgt Srvc Director: Internal	Signature: _____	[Date Signed: _____]
	<u>OK DW 9/15/14</u>		

Robert Hayes
9/15/14