

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

For Accounting use:

Fiscal Year: 2014 Accounting Approval: \_\_\_\_\_  
 Period: \_\_\_\_\_ Entered By: \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_ Group Number: \_\_\_\_\_

Department/Division Public Works - Capital Projects Mgt. 1901

Dept. Authorization Bobby Wyatt *B*

Account Number	Fund / Account Description	Increase	Decrease
001-1901-519.51-30 ✓	Office Supplies / General	400	
001-1901-519.52-05 ✓	Operating Supplies / Computer Supplies		-400 <i>Hea</i> ✓

**TOTAL \$400 -\$400**

**Notes / Comments**

Request to transfer funds to the 51-30 Office Supplies account to cover a line item shortage and for the purchase of additional office supplies needed.

Approved By: Check Appropriate Box <input checked="" type="checkbox"/>	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council [Date Signed: _____]	Resolution #
	City Manager: Less than \$35,000		Approval Date: 09/22/2014
	Mgt Srvc Director: Internal		BA # - 2014- <u>104</u>
	Signature: _____		
<i>OK DW 9/22/14</i>			

*Robert R. Hayes* *9/22/14*