

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

**For Accounting use:**

Fiscal Year: FY 2013-14      Accounting Approval: \_\_\_\_\_  
 Period: 12      Entered By: \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_      Group Number: \_\_\_\_\_

**Department/Division** Budget - Management Services

**Dept. Authorization** \_\_\_\_\_

Account Number	Fund / Account Description	Increase	Decrease
001-1100-511-54-99	Other, Books, Pubs, Subs		\$ - 6,000
001-1205-512-52-99	Other Operating Supplies	\$ 6,000	

<b>Count</b>	<b>TOTAL</b>	<b>\$6,000</b>	<b>\$6,000</b>
		-----Must Balance----- (Do not use cents)	

**Notes / Comments**  
 Funds transferred to cover cost of new equipment for Council Chambers

<b>Approved By:</b> Check Appropriate Box  <i>al DW 9/24/14</i>	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 Svc Director: Internal	[Date Signed:	BA # - <i>2014-106</i>
	Signature:		

*9/24/14*

*Robert R. Hayes 9/24/14*