CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year: FY13-14
Period:
Transaction Date:

Accounting Approval:
Entered By:
Group Number:

Department/Division Recreation & Parks

Dept. Authorization 9/25/14

Account Number	Fund / Account Description	Increase	Decrease
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 525
001-7206-572-13-20	Other salaries & Wages / temporary	$ 525	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 2,615
001-7206-572-14-00	Overtime	$ 2,615	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ 67
001-7206-572-15-30	Special pay / longevity	$ 67	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 3,000
001-7206-572-21-00	Fica Medicaire	$ 3,000	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 196
001-7206-572-22-10	Retirement	$ 196	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 1,520
001-7206-572-23-06	Health Insurance Dependent	$ 1,520	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 27
001-7206-572-23-10	Life Insurance	$ 27	$ -
001-7211-574-13-20	Other salaries & Wages / temporary	$	$ - 50
001-7206-572-23-15	LT Disability	$ 50	$ -
Count			
	TOTAL	**$8,000**	**$8,000**

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

Notes / Comments
Departmental transfers are being presented in order to balance personnel line items or those line items that are severely out of balanc

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:
		Mgt Srvc Director: Internal		BA # - 2014 107
OK DW 9/29/14		Signature:	[Date Signed:	

Robert R. Hayes
9/29/14

CITY OF OVIEDO
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Department/Division Recreation & Parks

Dept. Authorization 9/25/14

Account Number	Fund / Account Description	Increase	Decrease
001-7204-572-43-10	Electricity	$	$ - 1,500
001-7202-572-23-05	Health Insurance	$ 1,500	$ -
001-7202-572-3405	Umpires and Scorekeepers	$	$ - 10,000
001-7202-572-13-20	Other Salaries & Wages / Temporary	$ 10,000	$ -
001-7202-572-52-99	Operating Supplies	$	$ - 480
001-7202-572-14-00	Overtime	$ 480	$ -
001-7204-572-4310	Electricity	$	$ - 2,500
001-7202-572-21-00	Fica Medicaire	$ 2,500	$ -
001-7204-572-4310	Electricity	$	$ - 30
001-7202-572-22-10	Retirement	$ 30	$ -
001-7204-572-24-00	Workers Compensation	$	$ - 5,000
001-7204-572-23-06	Health Insurance Dependent	$ 5,000	$ -
001-7204-572-4310	Electricity	$	$ - 2,360
001-7204-572-14-00	Overtime	$ 2,360	$ -
001-7204-572-52-03	Uniforms	$	$ 270
001-7204-572-1530	Special Pay Longevity	$ 270	$ -
Count			
	TOTAL	**$22,140**	**$22,140**

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

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9/29/14

2 of 5

CITY OF OVIEDO
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Department/Division Recreation & Parks

Dept. Authorization 9/25/14

Account Number	Fund / Account Description	Increase	Decrease
001-7209-572-13-10	Other salaries and wages/part time	$	$ - 7,000
001-7200-572-49-99	Other current charges	$ 7,000	$ -
001-7209-572-52-99	Operating Supplies	$	$ - 4,000
001-7200-572-49-99	Other current charges	$ 4,000	$ -
001-7201-572-52-99	Operating supplies	$	$ - 3,000
001-7202-572-13-20	Other salaries and wages/part time	$ 3,000	$ -
001-7202-572-52-99	Operating Supplies	$	$ - 75
001-7201-572-14-00	Parks and Recreation / Overtime	$ 75	$ -
001-7202-572-52.99	Operating Supplies	$	$ - 269
001-7201-572-15-30	Special Pay Longevity	$ 269	$ -
001-1910-519-13-10	Other salaries and wages/part time	$	$ - 4,400
001-1910-519-12-10	Regular salaries & wages	$ 4,400	$ -
001-1910-519-14-00	Overtime	$	$ - 1,000
001-1910-519-12-10	Regular salaries & wages	$ 1,000	$ -
		$	$ -
		$	$ -
Count			
	TOTAL	**$19,744**	**$19,744**

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

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Robert R. Hayes 9/29/14

3 of 5

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

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Department/Division Recreation & Parks

Dept. Authorization 9/25/14

Account Number	Fund / Account Description	Increase	Decrease
001-7206-572-52-99	Operating Supplies	$	$ - 2,000
001-7206-572-52-32	Operating supplies / concession supplies	$ 2,000	$ -
001-7207-572-12-10	Regular slaries	$	$ - 16,000
001-7206-572-12-10	Regular salaries	$ 16,000	$ -
001-7211-574-44-99	Rentals & Leases	$	$ - 1,370
001-7211-574-24-00	Workmens Compensation	$ 1,370	$ -
001-7211-574-44-99	Rentals & Leases	$	$ - 1,065
001-7211-574-45-99	Insurance other	$ 1,065	$ -
001-7207-572-13-10	Other salaries & wages / part time	$	$ - 6,000
001-7202-572-13-20	Other salaries & wages / temporary	$ 6,000	$ -
001-7207-572-13-20	Other salaries & wages / temporary	$	$ - 2,400
001-7207-572-23-05	Health Insurance	$ 2,400	$ -
001-7207-572-54-20	books, publications, subs / training	$	$ - 70
001-7207-572-15-30	Special Pay / longevity	$ 70	$ -
		$	$ -
		$	$ -
Count			
	TOTAL	**$28,905**	**$28,905**

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

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OK DW 9/29/14		Signature:	[Date Signed:	

Robin Rodgers 9/29/14

CITY OF OVIEDO
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Department/Division Recreation & Parks

Dept. Authorization Dan W. Blair 9/25/14

Account Number	Fund / Account Description	Increase	Decrease
001-7204-572-41-80	Cell Phones	$	$ -250
001-7204-572-22-10	Retirement	$ 250	$ -
001-7204-572-21-00	Fica Medicaire	$	$ -300
001-7204-572-23-05	Health Insurance	$ 300	$ -
001-7208-572-12-10	Regular Salaries	$	$ -19,400
001-7208-572-13-20	Other Salaries / temporary	$ 19,400	$ -
001-7208-572-12-10	Regular Salaries	$	$ -8,000
001-7208-572-13-10	Other Salaries / part time	$ 8,000	$ -
001-7208-572-~~52-10~~ 23-05	~~Chemicals~~ Medical/Heath	$	$ 1,500
001-7208-572-21-00	Fica Medicaire	$ 1,500	$ -
001-7208-572-23-05	Health Insurance	$	$ -3,300
001-7208-572-21-00	Fica Medicaire	$ 3,300	$ -
001-7208-572-24-00	Workers compensation	$	$ -3,000
001-7208-572-21-00	Fica Medicaire	$ 3,000	$ -
		$	$ -
		$ -	$ -
Count			
	TOTAL	**$35,750**	**$35,750**

------Must Balance-----
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Robin R. Hayes 9/29/14

5 of 5