

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

For Accounting use:
 Fiscal Year: FY 2014-15 Accounting Approval: _____
 Period: _____ Entered By: _____
 Transaction Date: _____ Group Number: _____

Department/Division _____ 4107

Dept. Authorization David Waller, DW

Account Number	Fund / Account Description	Increase	Decrease
001-4107-541-52-99 -	Operating Supplies / Other Operating Supplies		\$ 1,645 -
001-4107-541-49-99 -	Other Current Charges / Other Current Charges	\$ 1,645	
Count			

TOTAL \$1,645 \$1,645
 -----Must Balance-----
 (Do not use cents)

Notes / Comments
 To cover line item shortage. Damage to Bright House Cable facilities during sidewalk repair at 895 Roylwood Ln.

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	Signature: _____	BA # - <u>2015-002</u>
			[Date Signed: _____]

Robert R. Hayes
10/6/14