

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

For Accounting use:

Fiscal Year: FY 14/15 Accounting Approval: _____
 Period: _____ Entered By: Teresa Correa
 Transaction Date: 10/6/2014 Group Number: _____

Department/Division Development Services

Dept. Authorization Teresa Correa - Director *[Signature]*

| Account Number | Fund / Account Description | Increase | Decrease |
|----------------------|----------------------------|---------------------------|---------------|
| 001-1500-515-14-00 | Overtime | | \$ -- 500 ✓ |
| 001-1501-515-14-00 | Overtime | | \$ -- 4,000 ✓ |
| 001-1502-515-14-00 | Overtime | | \$ -- 800 ✓ |
| 001-1501-515-13-20 ✓ | Temporary Zoning Tech | \$ 4,900 5,300 | |
| 001-1501-515-21-00 ✓ | FICA Medicare | | 400 |

| | | | |
|--------------|--------------|------------------------|----------------|
| Count | TOTAL | \$5,300 | \$5,300 |
| | | -----Must Balance----- | |
| | | (Do not use cents) | |

Notes / Comments

Note as to why the transfer needs to be made, reference all documentation including resolutions or ordinances.

| | | | |
|---|----------------------------------|---|------------------------|
| Approved By: Check Appropriate Box OK DW 10/8/14 | 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>2015-003</u> |

[Signature] 10/6/14