

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

For Accounting use:

Fiscal Year: 2014-15
 Period: _____
 Transaction Date: _____

Accounting Approval: _____
 Entered By: _____
 Group Number: _____

Department/Division Recreation & Parks Department
 Dept. Authorization *D. W. Hayes*

| Account Number | Fund / Account Description | Increase | Decrease |
|---------------------|-----------------------------|-------------|-----------------|
| 001-7200-572-6499 ✓ | Other Machinery & Equipment | | \$ - 9,500.00 ✓ |
| 001-7200-572-5204 ✓ | Small Tools | \$ 9,500.00 | |

| | | | |
|--------------|-----------------|------------------------|--------------------|
| Count | TOTAL \$ | 9,500.00 | \$ 9,500.00 |
| | | -----Must Balance----- | |
| | | (Do not use cents) | |

Notes / Comments
 Please transfer funds from 001-7200-572-6499 (\$9,500) to 001-7200-572-5204.

| | | | |
|--|----------------------------------|---|------------------------|
| 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 Svc Director: Internal | Signature: _____ [Date Signed: _____] | BA # - <u>2015-009</u> |
| | OK DW 10/16/14 | | |

Robin R. Hayes 10/27/14