

*Updated 12/15/14
Duggan Johnson*

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

Fiscal Year: FY 14-15 For Accounting use: _____
 Period: 03 Accounting Approval: _____
 Transaction Date: 12/15/14 Entered By: [Signature]
 Group Number: _____

Department/Division Carry Forward - Impact Fee's # 117

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
408-3300-533.31-99 ✓	Professional Services/Other CPH, INC. pj. 12-012	5,000	
408-3300-533.31-99 ✓	Professional Services/Other CPH, INC. pj. 12-013	5,000	
408-0000-389.90-00 ✓	FY FUND BALANCE	10,000	
TOTAL		20,000	\$0

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

Notes / Comments

State/Local Law Enforcement Trust Funds (Confiscated funds) to be used for Overtime, supporting the POP program.

Approved By:	City Council: Exceeds \$35,000	Informational Note Only:	Resolution #2923-14
Check Appropriate Box	City Manager: Less than \$35,000	Programs/Capital not budgeted	Approval Date: 1/17/2014
	Mgt Svc Director: Internal	must be presented to Council	BA # - <u>2015-040</u>
<u>OK</u>	Signature: _____	[Date Signed: _____]	

Robert Palley 12/15/14