Updated 4/16/15
Peggy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	2015	**Accounting Approval:**	Jerry Bass
Period:	07	**Entered By:**	D.H. 4/16/15
Transaction Date:	4/6/15	**Group Number:**	3086

Department/Division IT

Dept. Authorization

Account Number	Fund / Account Description	Increase	Decrease
001-1303-513.45-10	Insurance/Liability	4,300	
001-9000-590.99-20	reserve for contingency		-4,300
	TOTAL	**$4,300**	**-$4,300**

------Must Balance-----

(Do not use cents)

Notes / Comments

transfer funds from contingency fund to IT for additional insurance liability insurance for 6 months

Approved By:		City Council: Exceeds $35,000	Informational Note Only:	Resolution #
Check Appropriate Box		City Manager: Less than $35,000	Programs/Capital not budgeted	Approval Date:
		Mgt Srvc Director: Internal	must be presented to Council	BA # - 2015 - 104
ok dw 3/27/15		Signature:	[Date Signed:	

Robert R. Hayes 4-6-15