Updated 6/23/15
Puzzy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	2014/15	**Accounting Approval:**	Jerry Boys
Period:	9	**Entered By:**	C.H. 6/23/15
Transaction Date:	6/22/15	**Group Number:**	4313

Department/Division Human Resources

Dept. Authorization Connie Collins

Account Number	Fund / Account Description	Increase	Decrease
510-5600-562.31-99	Professional Services/ASO fees		$ (17,000)
510-5610.-562.52-40	Operating Supplies/Pharmaceuticals	$ 17,000	
Count	**TOTAL**	**$17,000**	**-$17,000**

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

Notes / Comments

Move budget to Pharmaceuticals to cover the increased in prescription costs at the Clinic.

Approved By:			
Check Appropriate Box	City Council: Exceeds $35,000	Informational Note Only:	Resolution
	City Manager: Less than $35,000	Programs/Capital not budgeted	Approval Date:
	Mgt Srvc Director: Internal	must be presented to Council	BA # - 2015-143
OK DW 6/22/15	Signature: Connie Collins	[Date Signed:	6/22/15

Robert R. Hayes 6/22/15