

Updated 7/16/15
Ruzgy Placa

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

For Accounting use:

| | |
|------------------------------------|--|
| Fiscal Year: 2014-15 | Accounting Approval: <i>[Signature]</i> |
| Period: 10 | Entered By: C.H. 7/16/15 |
| Transaction Date: 7/14/2015 | Group Number: 4726 |

Department/Division HUMAN RESOURCES/BENEFITS

Dept. Authorization _____

| Account Number | Fund / Account Description | Increase | Decrease |
|----------------------|----------------------------|----------|-----------|
| 510-9000-590.99-20 ✓ | Contingency account | \$840 ✓ | - \$840 ✓ |
| 510-5600-562.49-99 ✓ | | | |

Count

TOTAL

\$840

\$840

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

Notes / Comments Funds to pay for PCORI Fee payable to the Department of the Treasury covered lives on medical plan representing \$2.00 per covered life.

| | | |
|-----------------------|----------------------------------|------------------------|
| Approved By: | City Council: Exceeds \$35,000 | Resolution # |
| Check Appropriate Box | City Manager: Less than \$35,000 | Approval Date: |
| | Mgt Srvc Director/Internal | BA # - 2015-161 |
| OK DW 7/14/15 | Signature: <i>[Signature]</i> | [Date Signed: 7/14/15] |

Robin Hayes 7/14/15