

Updated 9/14/15
Peggy Johnson

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

For Accounting use:

Fiscal Year:	<u>FY14/15</u> <u>2015</u>	Accounting Approval:	<u>Jenny Boop</u>
Period:	<u>End of Year</u> <u>12</u>	Entered By:	<u>C.A.</u> <u>9/11/15</u>
Transaction Date:	<u>9/9/15</u>	Group Number:	<u>5717</u>

Department/Division Recreation & Parks

Dept. Authorization Paul Bel for Dr. P. Boulware

Account Number	Fund / Account Description	Increase	Decrease
001-7200-572-44-20	Rentals / leases/ office equip	\$ 884	
001-7202-572-52-99	Operating supplies		\$ - 884

Count	TOTAL	\$884	- 884	\$0
		-----Must Balance----- (Do not use cents)		

Notes / Comments
End of year transfers are included in order to eliminate accounts with a negative balance.

Approved By: Check Appropriate Box OK DW 9/9/15	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 Srvc Director: Internal	[Date Signed]:	BA # - <u>2015-193</u>
	Signature:		

Robert R. Hayes 9/9/15