

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

**For Accounting use:**

**Fiscal Year:** \_\_\_\_\_ **Accounting Approval:** \_\_\_\_\_  
**Period:** \_\_\_\_\_ **Entered By:** \_\_\_\_\_  
**Transaction Date:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Department/Division** Development Services

**Dept. Authorization** *[Handwritten Signature]*

Account Number	Fund / Account Description	Increase	Decrease
001-1500-515-44-20	Office Equipment - copies/lease		1243
001-1501-515-44-20	Office Equipment - copies/lease	1243	

**TOTAL** **\$1,243** **\$1,243**  
 -----Must Balance-----  
 (Do not use cents)

**Notes / Comments** 1500 was not put on P.O. 160134 for copier lease and copies. 1501 is almost out of money and doesn't have enough to pay current bill.

<b>Approved By:</b> Check Appropriate Box	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>2016-054</u>
	Signature:		

*OK DW 1/14/16*

*Kelly Jones 1/13/16*