Updated 3/31/16
Peggy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	FY15-16	**Accounting Approval:**	Jerry Boos
Period:	06	**Entered By:**	C.H. 3/30/16
Transaction Date:	3/29/16	**Group Number:**	3064

yp 3/29/16

Department/Division _____

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
510-0000-361.30-00	Change in Fair Value	$ 100	
510-0000-369.01-00	Other misc revenue/COBRA		$ (1,443)
510-0000-369.80-00	Insurance Proceeds	$ 1,235	
510-0000-369.98-00	Wellness	$ 108	
510-5600-562.31-97	Professional services/Retirees	$ 3,276	
510-5600-562.31-99	Professional services/ASO		$ (3,276)
510-5600-562.32-00	Accounting/Actuary/Audit	$ 3,725	
510-5600-562.45-05	Insurance/Transitional Reinusance Fee		$ (1,500)
510-5600-562.45-40	Insurance/Reinsurance/Stop loss	$ 36,500	
510-5600-562.45-72	Other Medical Claims		$ (325,000)
510-5600-562.45-78	Specialist Claims	$ 300,000	
510-5600-562.49-95	Wellness benefits	$ 60	
510-5610-562.43-10	Electricity		$ (1,200)
510-5610.562.43-20	Water/Sewer	$ 2,040	
510-5610-562.52-40	Other operating/pharmaceuticals	$ 5,925	
510-5610-562.52-98	Operating supplies/wellness	$ 100	
510-9000-590.59-10	Depreciation	$ 10,152	
510-9000-590.99-20	Reserve for contingency		$ (30,802)
	TOTAL	**$363,221**	**-$363,221**

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

Notes / Comments

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:
ok DW 3/29		Mgt Srvc Director: Internal	must be presented to Council	BA # - 2016-088

Robert R Hayes 3/29/16