

Updated 4/18/16
 Peggy Johnson

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

For Accounting use:

Fiscal Year: FY15-16 2016 **Accounting Approval:** Jenny Boop
Period: 07 **Entered By:** C.H. 4/15/16
Transaction Date: 4/6/16 **Group Number:** 3347

YPS
 4/11/16

Department/Division Health - Mid year

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
510-0000-389.90-00	Prior year budgetary C/F	27,282	
510-5610-562.31-99	Professional services	24,022	
510-5610-562.52-40	Operating supplies/pharmaceuticals	3,260	

TOTAL

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

Notes / Comments

Use of fund balance for expenses incurred in FY 2015/16 that are from invoices from Carehere from July 2015. The amount was not included in the current FY 2015/16 budget.

Approved By: Check Appropriate Box	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution # <u>3165-16</u>
	City Manager: Less than \$35,000		Approval Date:
	Mgt Srvc Director: Internal	[Date Signed:	BA # - <u>2016-102</u>
	Signature:		

OK 4/7/16 DW

Robert R. Hayes 4/6/16

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