

Updated 4/18/16

Patty Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year: FY15-16 2016
Period: 07
Transaction Date: 4/6/16

Accounting Approval: *Jerry Boy*
Entered By: C.H. 4/18/16
Group Number: 3364

JP
4/11/16

Department/Division Mid year adjustment - Insurance Proceeds - Dept offset

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-0000-369.80-00	Insurance proceeds	18,080	
001-2201-522.46-34	Repairs and maint/Commercial	6,090	
001-2100-521.46-34	Repairs and maint/Commercial	5,765	
001-2101-521.46-34	Repairs and maint/Commercial	14,730	
001-1910-519.46-19	Repairs and maint/Buildings	1,495	
001-9000-590.99-20	Reserve for contingencies		10,000

TOTAL

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

Notes / Comments

Mid year adjustment to apply insurance proceeds to accounts where expenses were incurred.

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: <u>4-4-16</u>
	Mgt Srvc Director: Internal		BA # - <u>2016-103</u>
<u>OK 4/7/16 DW</u>	Signature: _____	[Date Signed: _____]	

Robert R. Hayes 4/10/16

mid year
HPH