Updated 5/16/16
Peggy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	2015-2016	**Accounting Approval:**	Jerry Boap
Period:	08	**Entered By:**	C.H. 5/16/16
Transaction Date:	5/12/16	**Group Number:**	~~C.H.~~ 3833

JB 5/13/16

Department/Division 1201

Dept. Authorization [signature]

Account Number	Fund / Account Description	Increase	Decrease
001-1201-512-31.99	Professional Services		- 250
001-1201-512-49.99	Other Current Charges	250	
	TOTAL	**$250**	**$250**

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

Notes / Comments No coverage for line~~age~~ item shortage (8) for CC

Approved By: 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		BA # - 2016 - 119
OK DW 5/10/16		Signature:	[Date Signed:	

Robert R. Hayes 5/12/16