

Updated 6/13/16  
Puggy Johnson

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

For Accounting use:

Fiscal Year: FY15-16  
 Period: 09  
 Transaction Date: 6/8/16

Accounting Approval: C. Weber 6-10-16  
 Entered By: C.H. 6/10/16  
 Group Number: 4233

yn  
6/10/16

Department/Division Management Services

Dept. Authorization \_\_\_\_\_

Account Number	Fund / Account Description	Increase	Decrease
001-1305-513.52.99	Operating Supplies		-1455
001-1305-513.13-20	Other salaries & Wages/Temporary	1,011	
001-1305-513.21-00	Executive/Fica/med	77	
001-1305-513.24-00	Executive/worker's comp	3	
001-1205-512.13-20	Other salaries & Wages/Temp	353	
001-1205-512.21-00	Executive/FICA/Medicare	10	
001-1205-512.24-00	Executive/worker's comp	1	
<b>TOTAL</b>		<b>\$1,455</b>	<b>-\$1,455</b>
		-----Must Balance----- (Do not use cents)	

**Notes / Comments**

Temporary Employee/Summer Hire-Communications/Staff Asst. & Social Media - less than 25 hrs week

<b>Approved By:</b> Check Appropriate Box  ok dw 5/26/16	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council [Date Signed:	Resolution #
	City Manager: Less than \$35,000		Approval Date:
	Mgt Svc Director: Internal		BA # - 2016- 131
	Signature:		

*Robert R. Hayes 6/8/16*