Updated 6/16/16
Peggy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year: FY15-16
Period: 9
Transaction Date: 6/14/2016

Accounting Approval: CW
Entered By: C.H. 6/16/16
Group Number: 4328

JB 6/16/16

Department/Division Management Services

Dept. Authorization

Account Number	Fund / Account Description	Increase	Decrease
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	1,011	
001-1205-512.21-00	Executive/FICA/Medicare	77	
001-1205-512.24-00	Executive/worker's comp	3	
	TOTAL	**$1,091**	**$1,091**

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

Notes / Comments
Correction - monies moved to a/c 001-1305 when should have been a/c 001-1205

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:
		Mgt Srvc Director: Internal	must be presented to Council	BA # - 2016- 131a
ok dw 6/13/16		Signature:	[Date Signed:	

Robin R Hayes 6/14/16