Updated 7/7/16
Peggy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	2015-2016	**Accounting Approval:**	Jerry Boop
Period:	10	**Entered By:**	C.H. 7/7/16
Transaction Date:	7/5/16	**Group Number:**	4648

Department/Division 1201

Dept. Authorization Connie Als

Account Number	Fund / Account Description	Increase	Decrease
001-1201-512-31.99	Professional Services		60
001-1201-512-34.99	Other Contractual Services	60	
	TOTAL	**$60**	**$60**

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

Notes / Comments

Line item shortage

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 #- 2016-153
OK DW 7/1/16		Signature:	[Date Signed:	

Robin R. Hayes 7/5/16