

Updated 4/4/16
 Duggan Johnson 1 of 3

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

For Accounting use:

Fiscal Year: FY15-16 Accounting Approval: Jumbo
 Period: 06 Entered By: C.H. 4/1/16
 Transaction Date: 3/29/16 Group Number: 3108

Department/Division Mid year adjustment

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-1100-511.23-05 ✓	Health Insurance/Health		- 17,721
001-1200-512.23-05 ✓	Health Insurance/Health		- 9,275
001-1201-512.23-05 ✓	Health Insurance/Health		- 22,027
001-1202-512.23-05 ✓	Health Insurance/Health		- 276
001-1205-512.23-05 ✓	Health Insurance/Health		- 9,275
001-1301-513.23-05 ✓	Health Insurance/Health		- 7,747
001-1302-513.23-05 ✓	Health Insurance/Health		- 9,274
001-1303-513.23-05 ✓	Health Insurance/Health		- 19,341
001-1501-515.23-05 ✓	Health Insurance/Health		- 9,274
001-1901-519.23-05 ✓	Health Insurance/Health		- 5,564
001-1910-519.23-05 ✓	Health Insurance/Health		- 22,219
001-2100-521.23-05 ✓	Health Insurance/Health		- 22,026
001-2101-521.23-05 ✓	Health Insurance/Health		- 164,970
001-2104-521.23-05 ✓	Health Insurance/Health		- 27,130
001-2105-521.23-05 ✓	Health Insurance/Health		- 27,823
001-2106-521.23-05 ✓	Health Insurance/Health		- 31,399
001-2107-521.23-05 ✓	Health Insurance/Health		- 9,274
001-2200-522.23-05 ✓	Health Insurance/Health		- 17,389
001-2201-522.23-05 ✓	Health Insurance/Health		- 131,386
001-2203-522.23-05 ✓	Health Insurance/Health		- 9,274
001-2403-524.23-05 ✓	Health Insurance/Health		- 18,548
001-4100-541.23-05 ✓	Health Insurance/Health		- 1,159
001-4106-541.23-05 ✓	Health Insurance/Health	2,478	
001-4107-541.23-05 ✓	Health Insurance/Health		- 1,725

TOTAL

2478 - 544096

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

Notes / Comments

Reallocating budgeted funds between 23-05 (health insurance for employees) and 23-06 (health insurance for dependents) due to health codes being adjusted at the end of FY 15/16. Certain codes that were expensed to 23-05 are now being expensed to 23-06.

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 # - 3016-096
	Signature:	[Date Signed:	

OK DW 3/29

Robert W. Hayes 3/29/16
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2073

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

For Accounting use:

Fiscal Year: FY15-16 Accounting Approval: *Jerry Boop*
 Period: 06 Entered By: _____
 Transaction Date: 3/29/16 Group Number: _____

Department/Division Mid year adjustment

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-7201-572.23-05 ✓	Health Insurance/Health		- 21,834
001-7202-572.23-05 ✓	Health Insurance/Health		- 9,274
001-7204-572.23-05 ✓	Health Insurance/Health		- 28,302
001-7206-572.23-05 ✓	Health Insurance/Health		- 2,318
001-7208-572.23-05 ✓	Health Insurance/Health	5,714	
001-7210-572.23-05 ✓	Health Insurance/Health	11,399	
001-7211-574.23-05 ✓	Health Insurance/Health		- 3,477
001-7212-572.23-05 ✓	Health Insurance/Health		- 24,069
001-1100-511.23-06 ✓	Health Insurance/Dependent	18,548	
001-1200-512.23-06 ✓	Health Insurance/Dependent	9,274	
001-1201-512.23-06 ✓	Health Insurance/Dependent	19,159	
001-1202-512.23-06 ✓	Health Insurance/Dependent	9,274	
001-1203-512.23-06 ✓	Health Insurance/Dependent	13,381	
001-1301-513.23-06 ✓	Health Insurance/Dependent	12,336	
001-1302-513.23-06 ✓	Health Insurance/Dependent	17,685	
001-1303-513.23-06 ✓	Health Insurance/Dependent	12,336	
001-1500-515.23-06 ✓	Health Insurance/Dependent		- 4,587
001-1501-515.23-06 ✓	Health Insurance/Dependent	13,381	
001-1901-519.23-06 ✓	Health Insurance/Dependent	10,611	
001-1910-519.23-06 ✓	Health Insurance/Dependent	9,274	
001-2100-521.23-06 ✓	Health Insurance/Dependent	9,593	
001-2101-521.23-06 ✓	Health Insurance/Dependent	149,900	
001-2104-521.23-06 ✓	Health Insurance/Dependent	49,331	

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TOTAL 371,196 - 93,861

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

Notes / Comments
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	City Manager: Less than \$35,000		Approval Date:
	Mgt Srvc Director: Internal		BA # - <u>2016-096</u>
	Signature: _____	[Date Signed: _____]	

OK DW

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3073

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

For Accounting use:

Fiscal Year: <u>FY15-16</u>	Accounting Approval: <u>Jerry Bay</u>
Period: <u>06</u>	Entered By: _____
Transaction Date: <u>3/29/16</u>	Group Number: _____

Department/Division Mid year adjustment

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
001-2105-521.23-06 /	Health Insurance/Dependent	32,126	
001-2106-521.23-06 /	Health Insurance/Dependent	14,825	
001-2107-521.23-06 /	Health Insurance/Dependent	9,274	
001-2200-522.23-06 /	Health Insurance/Dependent	20,984	
001-2201-522.23-06 /	Health Insurance/Dependent	114,749	
001-2203-522.23-06 /	Health Insurance/Dependent	9,273	
001-2403-524.23-06 /	Health Insurance/Dependent	26,763	
001-4100-541.23-06 /	Health Insurance/Dependent	4,636	
001-4107-541.23-06 /	Health Insurance/Dependent	2,310	
001-7201-572.23-06 /	Health Insurance/Dependent	27,575	
001-7202-572.23-06 /	Health Insurance/Dependent	9,274	
001-7204-572.23-06 /	Health Insurance/Dependent	28,302	
001-7208-572.23-06 /	Health Insurance/Dependent	4,919	
001-7212-572.23-06 /	Health Insurance/Dependent	9,273	
		<u>3142836</u>	

TOTAL
ALL 3 pg

687957 - 687957

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

Notes / Comments

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Approved By: Check Appropriate Box <u>BLD</u>	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 # - <u>2016-096</u>
	Signature: _____	[Date Signed: _____]	

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