Updated 8/15/16
Peggy Johnson

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	2015-2016	**Accounting Approval:**	Jerry Bop
Period:	11	**Entered By:**	C.H. 8/15/16
Transaction Date:	8/8/16	**Group Number:**	5282

Department/Division 1201

Dept. Authorization

Account Number	Fund / Account Description	Increase	Decrease
001-1201-512-31.99	Professional Services		200
001-1201-512-41.80	Cell Phones	200	
	TOTAL	**$200**	**$200**

------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 # 2016-171
	Signature:	[Date Signed:	

Kelley Jones 8/8/16