

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

For Accounting use:

Fiscal Year: 2015  
 Period: \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_

Accounting Approval: \_\_\_\_\_  
 Entered By: \_\_\_\_\_  
 Group Number: \_\_\_\_\_

Department/Division Public Works - Stormwater 3800 and 3802

Dept. Authorization Bobby Wyatt *B*

Account Number	Fund / Account Description	Increase	Decrease
138-3800-538.54-40 ✓	Books, Publications, Subs/ Recertifications	830	
138-3800-538.48-99 ✓	Promotional Activities / Other		-330 ✓
138-3802-538.52-99 ✓	Operating Supplies / Other		-500 ✓

**TOTAL \$ 830 \$ - 830**

**Notes / Comments**

Request to transfer funds to cover a line item shortage in this account/s.

Approved By: Check Appropriate Box	<input type="checkbox"/> City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution # _____
	<input checked="" type="checkbox"/> City Manager: Less than \$35,000		Approval Date: _____
	<input type="checkbox"/> Mgt Srvc Director: Internal	Signature: _____	BA # - 2015- <u>089</u>
	<input type="checkbox"/>		[Date Signed: _____]

*Robert R. Hayes 3/10/15*