CWel 8/9/17 5105

CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year:	2016-2017	**Accounting Approval:**	Jenny Boop
Period:	11	**Entered By:**	C.H. 8/9/17
Transaction Date:	8/4/2017	**Group Number:**	5105

Department/Division Health Insurance 510/5600

Dept. Authorization [signature]

Account Number	Fund / Account Description	Increase	Decrease
510-9000-590-9920	Contigency ✓		$ 261 ✓
510-5600-562-3499	Other Contractual Services ✓	$ 261	
Count	**TOTAL**	**$261**	**$261**

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

Notes / Comments

To adjust budget for line item shortages - authorized by K. Jones

Approved By:				
Check Appropriate Box		City Council: Exceeds $35,000	Informational Note Only:	Resolution #
		City Manager: Less than $35,000	Programs/Capital not budgete	Approval Date:
TR 8/4/17		Mgt Srvc Director: Internal	must be presented to Council	BA # - 2017-110
		Signature:	[Date Signed:	

Kelly Jones 8/4/17