

*cuwl*

CITY OF OVIEDO  
BUDGET TRANSFER/AMENDMENT DETAIL FORM

For Accounting use:

Fiscal Year: 2017 Accounting Approval: *cuwl 9/20/17*  
Period: \_\_\_\_\_ Entered By: *CH. 9/20/17*  
Transaction Date: \_\_\_\_\_ Group Number: *5862*

Department/Division Human Resources (1201)

Dept. Authorization *[Signature]*  
FOR CONNIE COLLINS

Account Number	Fund / Account Description	Increase	Decrease
001-1201-512.12-10	Regular Salaries ✓	\$ 278	
001-1201-512.40-00	Travel & Pre-Diem ✓		\$ 278 ✓

Count

TOTAL

\$278

\$278

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

Notes / Comments

To adjust budget for line item shortages

Approved By: Check Appropriate Box  <i>TR 9/22/17</i>	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 # - <i>2017-130</i>
	Signature:		[Date Signed:

*Kelly Jones 9/22/17*