

Updated 4/27/15
 Puggy Jelms

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

For Accounting use:

Fiscal Year: 2014/15	Accounting Approval: <i>Jumpy</i>
Period: <u>7</u>	Entered By: <i>CAI</i>
Transaction Date: 4/20/2015	Group Number: 3240

Department/Division Human Resources
 Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
510-5610-562.49-99 ✓	Other current charges		\$ - 12,000
510-5610-562.48-51 ✓	Wellness Incentives	\$ 12,000	

Count	TOTAL	\$12,000	-\$12,000
		-----Must Balance-----	
		(Do not use cents)	

Notes / Comments
 Wellness incentive dollars were broken out into a separate accounting string.

Approved By: Check Appropriate Box <i>OK DW 4/21/15</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	Signature: _____	BA # - <i>2015-111</i>
			[Date Signed: _____]

Robert Hayes 4-21-15