



City of Cocoa Budget Adjustment Form FY 2018

SELECT ADJUSTMENT TYPE: _____ REQUESTING DEPARTMENT #: _____ DATE PREPARED: _____

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
TOTAL							

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TOTAL							

REASON/JUSTIFICATION FOR ADJUSTMENT:

City COUNCIL APPROVAL REQUIRED? YES NO DATE APPROVED: _____ RESOLUTION #: _____

City Council approval is needed for all transfers greater than \$50,000 and transfers between Departments / Funds. Attach copy of agenda item and City Clerk's Journal noting approval.

Date Requestor's Signature Date Finance Approval Signature Date Finance Director's Signature

Date Department Director's Signature Date Deputy Fin. Director's Signature Date City Manager's Signature

FINANCE USE ONLY:
Date Entered: _____ Entered By: _____ Group #: _____