



City of Cocoa Budget Adjustment Form FY 2014

SELECT ADJUSTMENT TYPE: BUDGET TRANSFER REQUESTING DEPARTMENT #: 3560 DATE PREPARED: 08/14/14

'FROM' ACCOUNT(S):

Table with 7 columns: ADJUSTMENT AMOUNT, ACCOUNT NUMBER, PROJECT NUMBER, ACCOUNT NAME, ORIGINAL BUDGET, AMENDED BUDGET, ADJUSTED BUDGET, UNENCUMBERED BALANCE. Row 1: \$(3,600), 001-3560-519-46-02, Repair & Maintenance Buildings, \$ 109,000, \$ 140,360, \$ 136,760.

'TO' ACCOUNT(S):

Table with 7 columns: ADJUSTMENT AMOUNT, ACCOUNT NUMBER, PROJECT NUMBER, ACCOUNT NAME, ORIGINAL BUDGET, AMENDED BUDGET, ADJUSTED BUDGET, UNENCUMBERED BALANCE. Row 1: \$3,600, 001-3560-519-64-00, HLTH01, Machinery & Equipment, \$ 35,500, \$ 43,500, \$ 47,100.

REASON/JUSTIFICATION FOR ADJUSTMENT:

Needed for the Security & Fire alarm systems at 128 Lemon St. Haelth Clinic

COUNCIL APPROVAL REQUIRED? YES [X] NO []

DATE APPROVED: 8/26/14 RESOLUTION #: 2014-095

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

Requestor's Signature: [Signature], Date: 8/14/14; Finance Approval Signature: [Signature], Date: 14 Aug 14; Finance Dir./Asst. CM's Signature: [Signature], Date: 8/27/2014; Director's Signature: [Signature], Date: 8-14-14; Finance Manager's Signature: [Signature], Date: 8-14-14; City Manager's Signature: [Signature], Date: 8/26/14.

FINANCE USE ONLY:

Date Entered: 8/27/14 Entered By: [Signature] Group #: 4701