City of Cocoa Budget Adjustment Form FY 2016

SELECT ADJUSTMENT TYPE: BUDGET TRANSFER **REQUESTING DEPARTMENT #:** 1500 **DATE PREPARED:** 04/29/16

'FROM' ACCOUNT(S)

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
($ 925)	001-1600-513.23-00		LIFE/HEALTH INSURANCE	$ 798,223	$ 798,223	$ 797,298	$ 480,533
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
($ 925)	TOTAL						

'TO' ACCOUNT(S)

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
$ 925	001-1000-511.23-00		LIFE/HEALTH INSURANCE	$ 7,942	$ 7,942	$ 8,867	$ 3,701
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 925	TOTAL						

REASON/JUSTIFICATION FOR ADJUSTMENT:

This transfer is required to cover an unexpected increase in the Health Insurance cost to the city council. Agenda #16-206.

City COUNCIL APPROVAL REQUIRED? ***YES*** (●) ***NO*** ( ) ***DATE APPROVED:*** 05/24/16 ***RESOLUTION #:*** 2016-52

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.

4/29/16	Lea Taylor (Digitally signed by Lea Taylor DN: dc=org, dc=cocoafl, ou=CH, cn=Lea Taylor, email=ltaylor@cocoafl.org Date: 2016.04.29 14:13:07 -04'00')	5/12/16	Lea Taylor (Digitally signed by Lea Taylor DN: dc=org, dc=cocoafl, ou=CH, cn=Lea Taylor, email=ltaylor@cocoafl.org Date: 2016.05.12 10:23:53 -04'00')	5/25/16	Teri Butler (Digitally signed by Teri Butler Date: 2016.05.25 15:57:47 -04'00')
Date	Requestor's Signature	Date	Finance Approval Signature	Date	Finance Director's Signature
5/11/16	Tammy Gemmati (Digitally signed by Tammy Gemmati DN: cn=Tammy Gemmati, o, ou=Administrative Services Director, email=tgemmati@cocoafl.org, c=US Date: 2016.05.11 14:40:29 -04'00')	5/12/16	Lora Howell (Digitally signed by Lora Howell DN: dc=org, dc=cocoafl, ou=CH, cn=Lora Howell, email=lhowell@cocoafl.org Date: 2016.05.12 14:28:05 -04'00')	5/26/16	John A. Titkanich (Digitally signed by John A. Titkanich DN: dc=org, dc=cocoafl, ou=CH, cn=John A. Titkanich, email=jtitkanich@cocoafl.org Date: 2016.05.26 13:20:17 -04'00')
Date	Department Director's Signature	Date	Deputy Fin. Director's Signature	Date	City Manager's Signature

FINANCE USE ONLY:

Date Entered: _____ Entered By: _____ Group #: _____