



City of Cocoa Budget Adjustment Form FY 2017

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

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