



# 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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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	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 #: \_\_\_\_\_