



City of Cocoa Budget Adjustment Form FY 2017

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

Table with columns: ADJUSTMENT AMOUNT, ACCOUNT NUMBER, PROJECT NUMBER, ACCOUNT NAME, ORIGINAL BUDGET, AMENDED BUDGET, ADJUSTED BUDGET, UNENCUMBERED BALANCE. Includes a TOTAL row at the bottom.



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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.

Signature lines for: Requestor's Signature, Finance Approval Signature, Finance Director's Signature, Department Director's Signature, Deputy Fin. Director's Signature, City Manager's Signature.

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