



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

**FINANCE USE ONLY:**

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_ Group #: \_\_\_\_\_