



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 #: _____