



## City of Cocoa Budget Adjustment Form FY 2018

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