



City of Cocoa Budget Adjustment Form FY 2018

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

Table with 8 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.

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 #: _____