



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 |
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| 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 #: _____