



City of Cocoa Budget Adjustment Form FY 2015

SELECT ADJUSTMENT TYPE: _____

REQUESTING DEPARTMENT #: _____

DATE PREPARED: _____

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
TOTAL							

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
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	Director's Signature	Date	Finance Manager 's Signature
_____	_____	_____	_____
Date	Finance Dir./Asst. CM's Signature	Date	City Manager's Signature

FINANCE USE ONLY:

Date Entered: _____

Entered By: _____

Group #: _____