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						

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	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 #: _____