



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							

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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 #: _____