



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 | | | | | | | |

| ADJUSTMENT AMOUNT | ACCOUNT NUMBER | PROJECT NUMBER | ACCOUNT NAME | ORIGINAL BUDGET | AMENDED BUDGET | ADJUSTED BUDGET | UNENCUMBERED BALANCE |
|--------------------------|-----------------------|-----------------------|---------------------|------------------------|-----------------------|------------------------|-----------------------------|
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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 #: _____