



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
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 #: _____