



# 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
<b>TOTAL</b>							



ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
<b>TOTAL</b>							

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 #: \_\_\_\_\_