



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 | | | | | | | |

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|----------------------|----------------|-------------------|--------------|--------------------|-------------------|--------------------|-------------------------|
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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 #: _____