



# City of Cocoa Budget Adjustment Form FY 2016

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>							



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<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	Department Director's Signature	Date	Deputy Fin. Director's Signature
Date		Date	Finance Director's Signature
Date		Date	City Manager's Signature

**FINANCE USE ONLY:**

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_ Group #: \_\_\_\_\_