



# City of Cocoa Budget Adjustment Form FY 2017

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