



City of Cocoa Budget Adjustment Form FY 2017

SELECT ADJUSTMENT TYPE: _____ REQUESTING DEPARTMENT #: _____ DATE PREPARED: _____

Table with 8 columns: ADJUSTMENT AMOUNT, ACCOUNT NUMBER, PROJECT NUMBER, ACCOUNT NAME, ORIGINAL BUDGET, AMENDED BUDGET, ADJUSTED BUDGET, UNENCUMBERED BALANCE. Includes a TOTAL row at the bottom.

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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.

Signature lines for Requestor's Signature, Finance Approval Signature, Finance Director's Signature, Department Director's Signature, Deputy Fin. Director's Signature, and City Manager's Signature.

FINANCE USE ONLY: Date Entered: _____ Entered By: _____ Group #: _____