



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							



ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
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 #: _____