



### 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
<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 _____ 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 #: \_\_\_\_\_