



# 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>							

---

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
<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 _____	Requestor's Signature _____	Date _____	Finance Director's Signature _____
Date _____	Department Director's Signature _____	Date _____	City Manager's Signature _____

**FINANCE USE ONLY:**  
 Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_ Group #: \_\_\_\_\_