



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