City of Cocoa Budget Adjustment Form FY 2017

SELECT ADJUSTMENT TYPE: BUDGET AMENDMENT **REQUESTING DEPARTMENT #:** 1500 **DATE PREPARED:** 08/08/17

'REVENUE' ACCOUNT(S)

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
$ 10,440	001-0000-368.21-00		POLICE STATE CONTRIBUTION	$ 143,695	$ 143,695	$ 154,135	$ 154,135
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 10,440	TOTAL						

'EXPENSE' ACCOUNT(S)

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
$ 10,440	001-2100-521.22-02		STATE CONTRIBUTIONS	$ 143,695	$ 143,695	$ 154,135	$ 154,135
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 10,440	TOTAL						

REASON/JUSTIFICATION FOR ADJUSTMENT:

Adjust FY 2017 Police State Retirement Contributions budget to reflect actual receipts.
Agenda 17-356

City COUNCIL APPROVAL REQUIRED? ***YES*** (●) ***NO*** ( ) ***DATE APPROVED:*** 08/22/17 ***RESOLUTION #:*** 2017-76

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.

8/8/17	Christi Grant (Digitally signed by Christi Grant DN: dc=org, dc=cocoafl, ou=CH, cn=Christi Grant, email=cgrant@cocoafl.org Date: 2017.08.08 15:50:07 -04'00')	8/9/17	Lea Taylor (Digitally signed by Lea Taylor Date: 2017.08.09 08:43:33 -04'00')	8/25/17	Teri Butler (Digitally signed by Teri Butler Date: 2017.08.25 16:00:20 -04'00')
Date	Requestor's Signature	Date	Finance Approval Signature	Date	Finance Director's Signature
8/8/17	Michael Cantaloupe (Digitally signed by Michael Cantaloupe Date: 2017.08.08 17:23:39 -04'00')	8/9/17	Lora Howell (Digitally signed by Lora Howell Date: 2017.08.09 15:41:09 -04'00')	8/29/17	John A. Titkanich (Digitally signed by John A. Titkanich Date: 2017.08.29 09:53:20 -04'00')
Date	Department Director's Signature	Date	Deputy Fin. Director's Signature	Date	City Manager's Signature

FINANCE USE ONLY:

Date Entered: _____ Entered By: _____ Group #: _____