



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