



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							

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
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.

_____	Requestor's Signature	_____	Finance Approval Signature	_____	Finance Director's Signature
Date		Date		Date	
_____	Department Director's Signature	_____	Deputy Fin. Director's Signature	_____	City Manager's Signature
Date		Date		Date	

FINANCE USE ONLY:

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