

BUDGET TRANSFER FORM

FINANCE DEPARTMENT

	DEPARTMENT INFORMATION	N						
Requestor: Diane Colonna Date: February 9, 2016								
Department/Division: Margat	e CRA							
BUDGET INFORMATION								
ACCOUNT NUMBER(S)	ACCOUNT NAME(S)	BUDGET DECREASE	BUDGET INCREASE					
140-0510-512.91-02	Contingency	\$ 2,000						
140-0510-512.54-01	Subscription and Membership		\$ 2,000					
NEW ENTRO	GRAND TOTAL		\$ 2,000					
NET EFFECT OF BUDGET TRANSFER MUST = \$0 \$0								
	EXPLANATION							
To cover increase in annual month								
To cover increuse in annual memp	pership fees for Florida Redevelopmer	it Association.						
Department Head or Designee:								
-								
City Manager:	Date:							
Finance Director or Designee:		Date:						
	FOR FINANCE USE ONLY							
Dt-I D								
Posted By:	Date:	Date:						
Group (JE)#:	Reviewed By:							



BUDGET TRANSFER FORM

DEPARTMENT INFORMATION

FINANCE DEPARTMENT

Requestor: Diane Colonna				Date: February 24, 2016					
Department/Division: Margate CRA									
BUDGET INFORMATION									
ACCOUNT NUMBER(S)	ACCOUNT	NAME(S)	BUDGE	BUDGET DECREASE BUDGET INCREA					
140-0510-512.91-02	Contingency		\$ 18,000						
140-0510-512.43-02	Utility Services - V	Vater			\$ 1,500				
140-0510-512.43-01	Utility Services - I	Electric			\$ 4,500				
140-0510-512.46-06	Repair & Mainten	ance Services			\$ 12,000				
		GRAND TOTAL		\$ 18,000	\$ 18,000				
NET EFFECT OF BUDGET TRANSFER MUST = \$0 \$0									
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For the New CRA Office at 6280 W. Atlantic Blvd Margate FL									
Department Head or Designee: Date:									
City Manager:		Date:							
Finance Director or Designee:									
FOR FINANCE USE ONLY									
Posted By:		Date:							
Group (JE)#:		Reviewed By:							