



City of Cocoa Budget Adjustment Form FY 2024 -

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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REASON/JUSTIFICATION FOR ADJUSTMENT:

Council/Board APPROVAL REQUIRED? YES NO

DATE APPROVED: _____

RESOLUTION #: _____

City Council approval is needed for all transfers greater than \$75,000 and transfers between Departments / Funds. All CRA adjustments are required to go through their respective boards.

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

FINANCE USE ONLY:

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