

**City of Jacksonville, Florida  
Request for Budget Transfer Form**

City Council  
 Department or Area Responsible for Contract / Compliance / Oversight \_\_\_\_\_ N/A  
 Council District(s) \_\_\_\_\_  
 Reversion of Funds: \_\_\_\_\_ N/A  
 (if applicable) Fund / Center / Account / Project \* / Activity / Interfund / Future  
 Fiscal Yr(s) of carry over (all-years funds do not require a carryover) \_\_\_\_\_  
 Section of Code Being Waived (if applicable): \_\_\_\_\_ CIP (yes or no): No  
 Justification for Waiver \_\_\_\_\_

City Council  
 Department or Area Responsible for Contract / Compliance / Oversight \_\_\_\_\_  
 Reversion of Funds: \_\_\_\_\_  
 (if applicable) Fund / Center / Account / Project \* / Activity / Interfund / Future \_\_\_\_\_  
 Section of Code Being Waived (if applicable): \_\_\_\_\_  
 Justification for Waiver \_\_\_\_\_

Justification for / Description of Transfer: \_\_\_\_\_

To appropriate \$100,000 from the City Council - Council President Contingency to City Council Staff Services-Other Costs professional services for the possible future procurement of independent counsel for the City Council.

Net Amount Appropriated and/or Transferred: \$100,000.00

\* This element of the account string is titled project but it houses both projects and grants.

**CITY COUNCIL**

Requesting Council Member: CP Salem CM's District: ALG 2  
 Requesting Council Member: \_\_\_\_\_ CM's District: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_ Ordinance: \_\_\_\_\_

**OFFICE OF THE MAYOR**

BUDGET ORDINANCE  TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head  
 Mayor's Office  
 Accounting Division  
 Budget Division

Date of Action By Mayor: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Division Chief: \_\_\_\_\_ Date Initiated: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Initiated / Requested By (if other than Department): \_\_\_\_\_

TD / BT Number: \_\_\_\_\_

