

City of Jacksonville, Florida
Request for Budget Transfer Form

020
325-24

Supervisor of Elections
Department or Area Responsible for Contract / Compliance / Oversight: N/A
Council District(s): N/A

Reversion of Funds: _____
(if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future: N/A
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: _____

Justification for / Description of Transfer: _____

Transfer from the Fund Balance, reimbursement funds to the Supervisor of Elections Security Enhancement Grant Specialized Equipment account that will be used for SOE building and security enhancements.

Net Amount Appropriated and/or Transferred: \$227,891.50

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

CITY COUNCIL

Requesting Council Member: _____
Requesting Council Member: _____
Prepared By: _____

CM's District: _____
CM's District: _____
Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved
2/29/24		Jerry Holland	
3/5/24	3/19/24	<i>Spencer Bowring</i>	
3-5-24	3-13-24	<i>Apa Sarte</i>	

Department Head: _____
Mayor's Office: _____
Accounting Division: _____
Budget Division: _____

Date of Action By Mayor: MAR 25 2024
Division Chief: *Jerry Holland*
Prepared By: _____
Initiated / Requested By (if other than Department): _____

Approved: *Danna Deegan*
Date Initiated: 2/29/24
Phone Number: 904-255-3412

TD / BT Number: BT 24-085

APPROVED BY: _____
MAYOR'S BUDGET _____
DATE: MAR 25 2024

