

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

Parks, Recreation and Community Services / Victim Services
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds: _____ (if applicable)
Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl

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:

Appropriating \$10,000 from Council Operating Contingency for a sexual assault awareness campaign to be carried out by the Women's Center.

Total Amount Appropriated: \$10,000.00

CITY COUNCIL

Requesting Council Member: CM Diamond CM's District: 13

Requesting Council Member: _____ CM's District: _____

Prepared By: _____ Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: _____

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): _____

