

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

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Finance & Administration
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

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): _____

Justification for Waiver

Justification for / Description of Transfer:

To return to Jacksonville Airport Authority(JAA) excess FY 19 General Liability Loss Provision in the total amount of \$9,035.70 and Workers' Comp Loss Provision in the total amount of \$488,159.93. The total excess for FY 19 Loss Provision is \$ 497,195.63. This will not impact the Risk Management Case Reserves for current operations.

Total Amount Appropriated: \$497,195.63

CITY COUNCIL

Requesting Council Member: _____

CM's District: _____

Requesting Council Member: _____

CM's District: _____

Prepared By: _____

Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: BT20-049

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	1/23/20	1/23/20		
Mayor's Office	JAN 27 2020			
Accounting Division	1/23/20	1/24/20		
Budget Division	1-23-20			

Date of Action By Mayor: JAN 27 2020

Approved: _____

Division Chief: Twane Duckworth

Date Initiated: 1/20/20

Prepared By: Bibinia Centeno

Phone Number: 904 255-5311

Initiated / Requested By (if other than Department): _____

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**

DATE JAN 27 2020

