

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

Department or Area Responsible for Contract / Compliance / Oversight _____ Council District(s) _____

Reversion of Funds: _____
(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): _____

Justification for Waiver _____

Justification for / Description of Transfer: _____

Appropriating funding for contingency for City Council member salaries and benefits to appropriate budget lines.

Net Amount Appropriated and/or Transferred: \$1,891,057.00
* This element of the account string is titled project but it houses both projects and grants.

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: _____

	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): _____

Budget Transfer Line Item Detail

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

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subsubject Title	Amount	Fund	Center	Account	Accounting Codes			
								Project *	Activity	Interfund	Future
Exp	General Fund Operating	Council Member Direct Expenditures	Contingency	\$1,891,057	00111	223001	599100	000000	00000000	000000	00000000
Total:				\$1,891,057.00							

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subsubject Title	Amount	Fund	Center	Account	Accounting Codes			
								Project *	Activity	Interfund	Future
Exp	General Fund Operating	Council Member Direct Expenditures	Permanent and Probationary Salaries	\$1,152,725	00111	223001	512010	00000000	000000	00000000	
Exp	General Fund Operating		Payroll Taxes FICA	\$53,623	00111	223001	521010	00000000	000000	00000000	
Exp	General Fund Operating		Medicare Tax	\$16,868	00111	223001	521020	00000000	000000	00000000	
Exp	General Fund Operating		FRS Pension ER Contribution	\$502,744	00111	223001	522040	00000000	000000	00000000	
Exp	General Fund Operating		Disability Trust Fund-ER	\$888	00111	223001	522070	00000000	000000	00000000	
Exp	General Fund Operating		GEPP Defined Contribution DC-ER	\$34,629	00111	223001	522130	00000000	000000	00000000	
Exp	General Fund Operating		Group Dental Plan	\$2,015	00111	223001	523010	00000000	000000	00000000	
Exp	General Fund Operating		Group Life Insurance	\$4,080	00111	223001	523030	00000000	000000	00000000	
Exp	General Fund Operating		Group Hospitalization Insurance	\$121,010	00111	223001	523040	00000000	000000	00000000	
Exp	General Fund Operating		City Employees Worker's Comp	\$2,475	00111	223001	524001	00000000	000000	00000000	
Total:				\$1,891,057.00							