

City of Jacksonville, Florida
Request for Budget Transfer Form

DUVAL COUNTY TAX COLLECTOR
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds:
(if applicable)

Fund / Center / Account / Project * / Activity / Interfund / Future

FY25
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:

Appropriate additional revenue received for Tax Certificate Sale during FY24 to replace six (6) obsolete coin and currency recycling/verification machines.

Net Amount Appropriated and/or Transferred: \$278,664.00

* 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
7/16/24	7/16/24	<i>[Signature]</i>	
7-16-24	7/16/24	<i>[Signature]</i>	
7-16-24	7-17-24	<i>[Signature]</i>	

Date of Action By Mayor: JUL 22 2024

Division Chief: SHERRY HALL

Prepared By: DEBRA DORAN

Initiated / Requested By (if other than Department):

APPROVED BY: *[Signature]*
MAYOR'S BUDGET REVIEW COMMITTEE
DATE: JUL 22 2024

TD / BT Number: BT24-135

[Signature]
Dona Deegan

Date Initiated: 7/16/24

Phone Number: 904.255.5794

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7-22-24

