

City of Jacksonville, Florida Request for Budget Transfer Form

Finance and Administration
Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

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

FY 21/22
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 \$5,000,000.00 from General Fund-GSD Fund Balance to fund COVID-19 testing and vaccination sites.

Net Amount Appropriated and/or Transferred: \$5,000,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CM Dennis
Requesting Council Member: _____
Prepared By: _____

CM's District: _____ CD 9
CM's District: _____
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: _____
Prepared By: _____

Date Initiated: _____
Phone Number: _____

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

