

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

JSO - Patrol Administration
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds:
(if applicable)

N/A
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): No

Justification for Waiver

Justification for / Description of Transfer:

To appropriate \$25,000 from the City Council - Council President Contingency to JSO for patrol overtime and associated medicare tax.

Net Amount Appropriated and/or Transferred: \$25,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CM Arias

CM's District: CD 11

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): _____

