

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

City Council/Council Auditor's Office _____ N/A
 Department or Area Responsible for Contract / Compliance / Oversight Council District(s)
 Reversion of Funds: _____ N/A
 (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): No
 Justification for Waiver _____

Justification for / Description of Transfer: _____

To provide additional funding for the Fiscal Year 2021 Annual Comprehensive Financial Audit of the City.
 Net Amount Appropriated and/or Transferred: \$90,000.00

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

CITY COUNCIL

Requesting Council Member: _____ Finance Committee
 CM's District: _____
 Requesting Council Member: _____ CM's District: _____
 Prepared By: _____ Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head
 Mayor's Office
 Accounting Division
 Budget Division

Date of Action By Mayor: _____ Approved: _____
 TD / BT Number: _____
 Division Chief: _____ Date Initiated: _____
 Prepared By: _____ Phone Number: _____
 Initiated / Requested By (if other than Department): _____

