

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

Finance and Administration Department
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

N/A
11528 is All Years
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): _____
N/A

CIP (yes or no): _____
No

Justification for Waiver
N/A

Justification for / Description of Transfer:

To move available Mental Health Offender Program (MHOP) funds (\$48,750) from the General Fund - MHOP Activity to the MHOP Trust Fund (Fund 11528).

Net Amount Appropriated and/or Transferred: _____ \$48,750.00

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

CITY COUNCIL

Requesting Council Member: _____ CVP Salem

CM's District: _____ At Large - Group 2

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 / Account Title	Amount	Accounting Codes								
					Fund	Center	Account	Project *	Activity	Interfund	Future		
				Total: \$97,500.00									
Exp	General Fund - General Services District	Mental Health Offender Program	Contractual Services	\$3,750.00	00111	910001	534100	000000	00001682	00000	0000000		
Exp	General Fund - General Services District	Mental Health Offender Program	Contractual Services	\$45,000.00	00111	900001	534100	000000	00001682	00000	0000000		
Rev	General Trust & Agency	Mental Health Offender Program	Interfund - Transfer In from General Fund - GSD	\$48,750.00	11528	191040	381910	000000	00001682	00111	0000000		

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 / Account Title	Amount	Accounting Codes								
					Fund	Center	Account	Project *	Activity	Interfund	Future		
				Total: \$97,500.00									
Exp	General Fund - General Services District	Mental Health Offender Program	Interfund - Transfer Out to General Trust & Agency	\$48,750.00	00111	191040	591910	000000	00001682	11528	0000000		
Exp	General Trust & Agency	Mental Health Offender Program	Contractual Services	\$48,750.00	11528	191024	534100	000000	00001682	00000	0000000		