

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

_____ City Council _____
 Department or Area Responsible for Contract / Compliance / Oversight _____ Council District(s) _____

Reversion of Funds: _____ Fiscal Yr(s) of carry over (all-years funds do not require a carryover)
 (if applicable) _____ Fund / Center / Account / Project * / Activity / Interfund / Future _____

Section of Code Being Waived (if applicable): _____ CIP (yes or no): No

Justification for Waiver _____

Justification for / Description of Transfer:
 Appropriating \$1,000,000 from GF/GSD fund balance to City Council Staff Services- Other Costs - Legislative professional services for the future procurement of independent counsel for the City Council related to redistricting.

Net Amount Appropriated and/or Transferred: \$1,000,000.00 _____
 * This element of the account string is titled project but it houses both projects and grants.

CITY COUNCIL

Requesting Council Member: _____ CM Priestly Jackson _____ CM's District: CD 10

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): _____

