

City of Jacksonville, Florida
Request for Budget Transfer Form

2

Downtown Investment Authority
Department or Area Responsible for Contract / Compliance / Oversight

7
Council District(s)

Reversion of Funds: ~~JXCF561, SUB OBJECT 30002~~
(if applicable) Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl

All Years Fund
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

[Empty box for Justification for Waiver]

Justification for / Description of Transfer:

Over payment to Self Insurance Fund. Loan amortization schedule being revised.

Total Amount Appropriated: ~~\$988,626.80~~ 494,313.40 R

CITY COUNCIL

Requesting Council Member: _____

CM's District: _____

Requesting Council Member: _____

CM's District: _____

Prepared By: _____

Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: BT20-044

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	1/8/2020		<i>[Signature]</i>	
Mayor's Office	JAN 13 2020		<i>[Signature]</i>	
Accounting Division	1/9/20	1/10/20	<i>[Signature]</i>	
Budget Division	1-8-20		<i>[Signature]</i>	

Date of Action By Mayor: JAN 13 2020

Approved: *[Signature]*

Division Chief: _____

Date Initiated: _____

Prepared By: _____

Phone Number: _____

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

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE

DATE JAN 13 2020

Exhibit 1
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