

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

Finance and Administration / Grants Office  
Department or Area Responsible for Contract / Compliance / Oversight

N/A  
Council District(s)

Reversion of Funds: N/A  
(if applicable) Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl

No  
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:**

Transfer funding from Council designated contingency to Public Service Grants activity.

Total Amount Appropriated: \$2,841,196.00

**CITY COUNCIL**

Requesting Council Member: Scott Wilson

CM's District: 04

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): \_\_\_\_\_

