

City of Jacksonville, Florida
Request for Budget Transfer Form

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

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

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): _____

Justification for Waiver _____

Justification for / Description of Transfer: _____

Justification for / Description of Transfer: _____

Total Amount Appropriated: _____

CITY COUNCIL

Requesting Council Member: _____ Council Member's District: _____

Requesting Council Member: _____ Council Member'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): _____

