Exhibit I

City of Jacksonville, Florida Request for Budget Transfer Form

 	Departr	nent or Area	Responsible for Contract / Compli	iance / 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 carryov	er)
Section of Code Bei	ng Waived (i	f applicable)	:				CIP (yes or no):	
Justification for Waiv								
Justification for / Des	scription of T	ransfer:						
								_
Net Amount Approp	oriated and/o	r Transferre	ed:					
			······································	CITY COUNCIL				_
Requesting Council Member:						CM's District:		
Requesting Cour	ncil Member:					CM's District:		
	Dropped Du					Ordinana		
	Frepared by.					Ordinance:		
			OFF	ICE OF THE MAYOR				
	BUDGET OF	RDINANCE	TRANSFER DIRECTIVE			TD / BT Number:		
Decement Head	Date Rec'd.	Date Fwd.	Approved	Disapproved				
Department Head Mayor's Office								
Accounting Division				-				
Budget Division				-				
Date of Actio	n By Mayor		b	۸۰	pproved:			
Date of Action	on by wayor.			_ ^+	pproved			
Division Chief:						Date Initiated:		
Prepared By:						Phone Number:		
Initiated / Request	ted By (if other	than Departme	ent):					

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

Exhibit 1 age 2 of

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

			Total:	\$0.00	Accounting Codes						
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
						<u> </u>					,

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

			\$0.00	Accounting Codes							
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subobject Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
				_							
						,					