

**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:

Net Amount Appropriated and/or Transferred: _____

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: _____

	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): _____

