

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

19

Mayor's Office
Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

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

Fiscal Yr(s) of carry over (all-years funds do not require a carryover)
FY 20-21

Section of Code Being Waived (if applicable): _____
CIP (yes or no): No

Justification for Waiver

Justification for / Description of Transfer:

Appropriate a private contribution and a city match for an anti-vaping health awareness campaign.
Accounting to move actuals from MA006-02 to MA006-04.

Total Amount Appropriated: \$200,000.00

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: BT20-042

Date Rec'd.	Date Fwd.	Approved	Disapproved
1/8/20	1/8/20	<i>[Signature]</i>	
JAN 13 2020		<i>[Signature]</i>	
1/14/20	1/14/20	<i>[Signature]</i>	
1-9-20			

Date of Action By Mayor: JAN 13 2020

Approved:

Lenny Curry

Division Head: _____
Prepared By: _____

Initiated / Re-requested By (if other than Department): _____

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**
DATE JAN 13 2020

