

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

City Council/Council Auditor's Office  
Department or Area Responsible for Contract / Compliance / Oversight

N/A  
Council District(s)

Reversion of Funds: \_\_\_\_\_  
(if applicable) Fund / Center / Account / Project \* / Activity / Interfund / Future

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: \_\_\_\_\_

To provide additional funding for the Fiscal Year 20 Annual Comprehensive Financial Audit of the City.

Net Amount Appropriated and/or Transferred: \$60,000.00

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

**CITY COUNCIL**

Requesting Council Member: CM Salem

CM's District: AL Group 2

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

Date of Action By Mayor: \_\_\_\_\_ Approved: \_\_\_\_\_

Division Chief: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Initiated / Requested By (if other than Department): \_\_\_\_\_

