

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

⑦

Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

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

Fiscal Yr(s) of carry over (all-years funds do not require a carryover) **FY16-17**

Section of Code Being Waived (if applicable): _____

CIP (yes or no): **No**

Justification for Waiver

Justification for / Description of Transfer:

ord: 2016-596 introduced 9/13/16

Total Amount Appropriated: **\$255,000.00**

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: **1016-495**
BT17-016

Date Rec'd.	Date Fwd.	Approved	Disapproved
9/15/16	9/15/16	<i>[Signature]</i>	
6/20/16			
9-19-16	9/20/16	<i>[Signature]</i>	
9-15-16			

Approved: **ARW**

Date Initiated: _____

Date Initiated: *[Signature]*

Prepared By: _____

Phone Number: _____

Initiated / Requested By (if other than Department): _____

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
DATE _____

