

City of Jacksonville, Florida
Request for Budget Transfer Form

5

FIRE AND RESCUE DEPARTMENT

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

All Years
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:

Appropriate funds awarded by the Northeast Florida Healthcare Coalition to purchase one AeroClave decontamination device to provide mobile sterilization of the Rescue apparatus.

Total Amount Approved: \$15,000.00

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: BT19-036

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head		11/24/18	<i>[Signature]</i>	
Mayor's Office	DEC 10 2018		<i>[Signature]</i>	
Accounting Division	12-3-18	12/5/18	<i>[Signature]</i>	
Budget Division	11-27-18		<i>[Signature]</i>	

Date of Action By Mayor: DEC 10 2018 *[Signature]*

Approved: *[Signature]*

Division Chief: Chief David Castleman, Rescue Division

Date Initiated: 11/26/18

Prepared By: April Mitchell/arh

Phone Number: 630-0209

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

APPROVED BY:
 MAYOR'S BUDGET
 REVIEW COMMITTEE
 DATE DEC 10 2018

RECEIVED
GENERAL ACCOUNTING

2018 NOV 30 PM 1:05

RECEIVED

NOV 27 2018

BUDGET DIVISION

Handwritten scribbles and marks, possibly initials or a signature.

Budget Transfer Line Item Detail

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

Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Accounting Codes						
						Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt-Dtl	
					Total:	\$15,000.00						
REV	161	Emergency Medical Services	Emergency Services Grants	Contributions from Private Sources	\$15,000.00	FRRS161ES	36602			FRR005	18	

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

Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Accounting Codes						
						Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt-Dtl	
					Total:	\$15,000.00						
EXP	161	Emergency Medical Services	Emergency Services Grants	Specialized Equipment	\$15,000.00	FRRS161ES	06429			FRR005	18	