

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

Office of General Counsel

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): No

Justification for Waiver

Justification for / Description of Transfer:

Appropriate General Fund - GSD fund balance to pay settlement costs related to the City's Civil Monetary Penalty Settlement Agreement with the Office of Inspector General of the United States Department of Health and Human Services, OGC case no.: 1400.1700011.

Total Amount Appropriated: \$337,601.12

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: N/A

	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): _____

