

BUDGET TRANSFER REQUEST

(replaces Budget Appropriation Form)

Accounting Period:	Accounting Month/Year:		Journal Entry:	Journal Entry:		
DEPARTMENT:			DATE:			
FROM ACCOUNT #	(Note 1)	ACCOUNT DESCRIPTION			AMOUNT	
103-2020-515.64-30		Machinery & Equipment/ Vehicles			32,000	
530-9010-549.64-30		Machinery & Equipment/ Vehicles			32,000	
Explanation require		2AVA Hubrid vohiolo/	Ouete #25401			
10 Cover the Cost o	i ioyola i	RAV4 Hybrid vehicle/	Quote #35481			
REQUESTED BY (Originator)			Title		Telephone Ext.	
Print Name: Alicia Wi			Office Mana	Office Manager		
Signature:	asne	ler-				
APPROVED BY DEPARTMENT DIRECTOR			Title	Title		
Print Name: William Waters			Director		561-586-1634	
Signature:	11/8	IA				
APPROVED BY CITY MANAGER OFFICE			Title		Telephone Ext.	
Signature: Carmen		2/2/202	2			
		* FINANCE USE	ONLY * * * *			
FINANCE APPROVED	Name			Da	te	
Signature:						
FINANCE POSTED	NANCE POSTED Name			Da	te	
Signature:						

Note 1: Account Master AAA-BBCC-DDD.EE.FF

AAA and BB need to agree in "From Account #" and "To Account #" box

Attach supporting documentation (i.e. resolution, ordinance, minutes, etc.).