

**CITY OF OVIEDO**  
**BUDGET TRANSFER/AMENDMENT DETAIL FORM**

<b>Accounting Approval:</b>	
<b>Entered By:</b>	
<b>Group Number:</b>	
<b>Updated By:</b>	

<b>Approved By:</b> Check Appropriate Box	<input type="checkbox"/>	City Council: Exceeds \$50,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution # 4359-23
		City Manager: Less than \$50,000		Approval Date: 8/21/23
		Signature:		BA # -
	<input checked="" type="checkbox"/>	Finance Director: Less than \$25,000		
		Signature:		
		Budget:		