City of Lau	derh	ill, Flori	da - <u>Bud</u>	get Adjus	<u>stment</u>	
Department:		Date:		Type of Adjustment: Intra- Department Transfer Inter -Department Transfer		
The Budget adjustment Requested w				Supplemental Appropriation Amount		
Account Description		Account Number				
		<u>Fund</u>	<u>Div</u>	<u>Object</u>	<u>To</u>	<u>From</u>
				TOTAL		
REASON FOR ADJUSTMENT REQU	IEST (	set forth R	easons the	TOTAL	- s required the	factors
involved in arriving at costs, and th						
Approval Requested:			Approved: -			
	Date:					
Approved as to availability of Funds						
Finance Director	Date:		City Manage	ər		
Approved by City Commission		Audited By		Input By:		Control #
Meeting of						