



City of North Port

Fiscal Year

FORM B-7

Request for Budget Transfer

2025

To be used for line-item transfers within a single department category and fund. This cannot be used to transfer contingencies without advance Commission approval.

INCREASE						
Account Number					Line Item Description	Amount
001	0100	511	49	13	Community Assistance	\$ 2,000
Total Increases						\$ 2,000

DECREASE						
Account Number					Line Item Description	Amount
001	9100	513	49	55	Commission Contingency	\$ 2,000
Total Decreases						\$ 2,000

NET CHANGE* (Decreases minus Increases)	\$ -
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*Must equal Zero unless authorized by Commission

Explanation/Justification
Increase of the Community Assistance fund to provide special event assistance for the remaining of FY25.

Requested by _____	Date
Department Director	

Reviewed by _____	Date
Finance Director	

Approved by _____	Date
City Manager	

For Finance Use Only		
Journal ID#	Entered By	Date