



# City of North Port

Fiscal Year

FORM B-7

## Request for Budget Transfer

2022-2023

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	\$ 3,000
<b>Total Increases</b>						<b>\$ 3,000</b>

DECREASE						
Account Number					Line Item Description	Amount
001	9100	513	49	55	Commission Contingency	\$ 3,000
<b>Total Decreases</b>						<b>\$ 3,000</b>

<b>NET CHANGE* (Decreases minus Increases)</b>	<b>\$ -</b>
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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 FY23.

Requested by	Department Director	Date
Reviewed by	Finance Director	Date
Approved by	City Manager	Date

For Finance Use Only		
Journal ID#	Entered By	Date