City of North Port

Request for Budget Transfer

FORM B-7

Fiscal Year
2026

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	$ 1,000
					Total Increases	**$ 1,000**

DECREASE

Account Number					Line Item Description	Amount
001	9100	513	49	55	Commission Contingency	$ 1,000
					Total Decreases	**$ 1,000**

NET CHANGE* (Decreases minus Increases)	**$ -**

***Must equal Zero unless authorized by Commission**

Explanation/Justification
Increase of the Community Assistance fund to provide special event assistance for the remaining of FY26.

Requested by _____ _____
Department Director Date

Reviewed by _____ _____
Finance Director Date

Approved by _____ _____
City Manager Date

For Finance Use Only		
Journal ID#	**Entered By**	**Date**

Revised 09-2011