# ***SEMINOLE COUNTY BUDGET CHANGE REQUEST***    Date  12/02/03    OMB#  04-06

FROM:  Department  Administrative Svcs.    Division  Risk Management    Section _____

Signatures:  Department Director _____    Division Manager _____

**WHAT IS NEEDED:**

☒ Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
☐ More funds for Budgeted Item: Item is budgeted, but additional funds are required.
☐ New item: Item is not in this fiscal year's budget.
☐ Capital Substitution: Substitution or change of a currently budgeted capital item.
☐ Fund & Acct # _____    Budget Item # _____    Budget Amount $ _____
☐ Capital replacement retention: Capital item was slated to be replaced but needs to be retained.  BCC# _____

- Describe item and show calculation of all associated costs of item.
- Explain why item is needed. (If equipment is to be replaced, include description, model, year, BCC#)
- Identify source of funds and why these funds are no longer needed for their original intent.
- For savings on capital items give account #, budget item #, amount budgeted, purchase order #, and actual purchase cost.

At the 2nd Public Hearing, additional funding for renewal with Arthur J. Gallagher & Company for excess policies for Property, Liability and Workers' Compensation was placed in an incorrect account line.

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**FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund 50100___Fund Name_Self Insurance Fund**

|  | ACCOUNT NUMBER | ACCOUNT TITLE | AMOUNT |
|---|---|---|---|
| **TRANSFER FROM** | 010504-50100-53045000 | Insurance/Loss Funds | 502,377 |
|  |  | | |
|  |  | **TOTAL** | **502,377** |
| **TRANSFER TO** | 010504-50100-53049000 | Other Bonds & Policies | 502,377 |
|  |  | | |
|  |  | | |
|  |  | **TOTAL:** | **502,377** |

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**CONCURRENCE OF OTHER INVOLVED DIVISIONS** (ie: Comp Svcs/hard & software; Fleet/vehicles; Purchasing/capital; Sppt. Svcs; etc)

Signature _____

Div or Dept _____

**OMB RECOMMENDATION:**    ☒ Approval    ☐ Disapproval    Analyst _Mary Matthews_ Director _____

**APPROVING AUTHORITY:**    ___OMB Director    ___County Manager    _X_ BCC    (Meeting Date) 01/13/04_____

☐ Approved    ☐ Not approved    Date Signed _____    Signature _____

**FINANCE:** Transfer has been posted    Date _____    Signature _____

Revised 1/03