

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 12/5/03 OMB# 04-07

FROM: Department L&LS Division Parks & Recreation Section _____

Signatures: Department Director [Signature] 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.

Upgrade the current frame relay system at Sylvan Lake Park to a T-1 line to support the staff's automation needs.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 00100 Fund Name General

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>043800-53034000</u>	_____	_____	<u>Contracted Services</u>	<u>5,537</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	5,537

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	<u>140200-53041000</u>	_____	_____	<u>Communications</u>	<u>4,537</u>
	<u>140300-53044000</u>	_____	_____	<u>Rentals & Leases</u>	<u>1,000</u>
	_____	_____	_____	_____	_____
				TOTAL	5,537

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

Signature _____

Div or Dept _____

OMB RECOMMENDATION: Approval Disapproval Analyst Mary Matthews Director [Signature]

APPROVING AUTHORITY: ___ OMB Director ___ County Manager X BCC (Meeting Date) 1-13-04

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____