

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 1/10/03

OMB# 03-29

FROM: Department Environmental Svcs Division Water & Wastewater Section _____

Signatures: Department Director *Robert G. Adolphe*
 Robert G. Adolphe, PE

Division Manager *Angie Radtke*

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.

This BCR is to fund the design of the water storage tank at the Lake Monroe Water Treatment Plant. The tank has deteriorated quicker than expected. Monies are budgeted in the 03/04 fiscal year for construction, but engineering must be done this year to expedite the project. Estimated cost for engineering is \$75,000. Funding for utility acquisitions (budget item #54) will be less than expected.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 40100 Fund Name Water & Sewer

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	40100-087801-56065000		PG8588	Construction in Progress	75,000
FROM			7X		
				TOTAL	75,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	40100-087801-56065000	1933-01		Construction in Progress	75,000
TO					
				TOTAL	75,000

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 *Amanda K. Mayo* Director *Ch*

APPROVING AUTHORITY: ___ OMB Director ___ County Manager BCC (Meeting Date) 2-11-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____