

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 01/23/03 OMB# 03-31

FROM: Department Environmental Svcs Division PEI Section _____

Signatures: Department Director Robert S. Adolphe, PE Division Manager [Signature]

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 Budget Change Request is to combine a future (FY04/05) reclaimed watermain project along Markham Woods Road (from Timberbrook Dr north to Lake Markham Road) with the currently funded project for Markham Woods Road (from Timberbrook Drive south to Alaqua Drive) into one project. Monies are available in sewer connection reserves.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 40103 Fund Name WATER & SEWER

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	40103-999903-59099994			Reserve for Capital Imps	2,000,000
				TOTAL	2,000,000
TRANSFER TO	40103-087880-56065000	1782-01	DG8538 2X	Construction in Progress	2,000,000
				TOTAL	2,000,000

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 Mayo Director [Signature]

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 _____