

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 2/6/04 OMB# 04-016

FROM: Department Tourism Division _____ Section _____
Development

Signatures: Department Director *Suzan Burn* 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.

The current research contract with Choice Communications is being terminated due to a shift in marketing pursuits by Seminole County. Research, upon request, will be added to the contract with Paradise Advertising and Marketing, Inc. Requesting a transfer from Contracted Services to the Promotional Activities account line to reallocate funds concurrently with the contract amendment on the Board of County Commissioner's agenda for February 24, 2004.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #11000 Fund Name Tourism

	ACCOUNT NUMBER	ACCOUNT TITLE	AMOUNT
TRANSFER	11000-011020-53034000	Contracted Services	52,500
FROM			
		TOTAL	52,500
TRANSFER			
TO	11000-011020-53048000	Promotional Activities	52,500
		TOTAL:	52,500

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 Betty B. Newton Director *LB*

APPROVING AUTHORITY: _____ OMB Director _____ County Manager _____ BCC (Meeting Date) _____

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____