

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 2/4/03 BCR# 03-32

FROM: Department Public Works Division Road Ops/Stormwater Section Capital Projects

Signatures: W. Gary Johnson Department Director Mark E. Flomerfelt 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.

This transfer is an adjustment to consolidate the County's accounting of Water Management District funding into a single capital improvement project number for the previously approved Little Econlockhatchee-Crane Strand Project

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #13000 Fund Name Stormwater

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	077600 56068000	2079 01	PC69191X	Design-Little Econ/Crane Strand Retrofit	\$250,000
FROM	_____	_____	_____	_____	_____
				TOTAL	\$250,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	077600 56068000	0092 02	DC69151X	Design-Little Econlockhatchee/Crane Strand Retrofit	\$250,000
TO	_____	_____	_____	_____	_____
				TOTAL	\$250,000

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

Signature _____

Div or Dept _____

FISCAL SERVICES

RECOMMENDATION: Approval Disapproval Analyst Crockett Aube Director CH

APPROVING AUTHORITY: ___ DFS Director ___ County Manager BCC (Meeting Date) 2-25-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____