

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 3/3/03 OMB# 03-46

FROM: Department Environmental Svcs Division PEI Section _____

Signatures: Department Director Robert G. 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.

Additional funds are needed for the Markham Regional Water Treatment Plant for permitting and construction of 1) supply well number 3 needed to maintain plant design capacity 2) three saltwater intrusion monitoring wells as required by St John's River Management District as part of the new Consumptive Use Permit.

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 FROM	40100-999903-59099994			Reserve for Capital Imps	565,000
				TOTAL	565,000
TRANSFER TO	40100-087801-56065000	2141-01	PG858957	Construction in Progress	565,000
				TOTAL	565,000

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 Nays ^{new} Director [Signature]

APPROVING AUTHORITY: ___ OMB Director ___ County Manager BCC (Meeting Date) 4-8-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____