

**\*\*\*SEMINOLE COUNTY BUDGET REQUEST\*\*\***

Budget Division Use only:

DATE: 3/31/04  
 FROM: Department Public Safety  
 Division EMS/Fire/Rescue

BCR	<input checked="" type="checkbox"/>	04-21

**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.
- Operational Adjustment (Transfer or Savings to cover overage)
- Change in Project Scope

**Detailed Explanation:**

Several of the extrication tools have had mechanical failures to various parts that can not be repaired. Remaining parts were combined to keep a tool in service. Staff requests this transfer of funds to accommodate the purchase of one new complete tool to replace the out of service unit.

	Fund #	Fund Name	Fire Protection Fund	
	11200			
<b>TRANSFER FROM</b>	<u>FUND/ACCOUNT NUMBER</u> 999912-11200-59099998	<u>Project #</u>	<u>ACCOUNT TITLE</u> Reserves for contingencies	<u>AMOUNT</u> 20,000
			<b>TOTAL</b>	<b>\$20,000</b>
<b>TRANSFER TO</b>	<u>FUND/ACCOUNT NUMBER</u> 056100-11200-56064200	<u>Project #</u>	<u>ACCOUNT TITLE</u> Machinery and Equipment	<u>AMOUNT</u> 20,000
			<b>TOTAL</b>	<b>\$20,000</b>

**CONCURRENCE OF OTHER INVOLVED DIVISIONS** (ie: IT (hardware/software); Fleet/Vehicles; Purchasing/Capital; Support Svcs; etc)

Approval Date \_\_\_\_\_ Department/Division \_\_\_\_\_

**RECOMMENDATION:**  Approval Date 3/26/04 Analyst Deborah Smith Director Lisa Spriggs

**APPROVING AUTHORITY:**  FS Director  County Manager  BCC Meeting Date 4-13-04

Approved Date Signed \_\_\_\_\_ Signature \_\_\_\_\_

**FINANCE:** Transfer has been posted Date \_\_\_\_\_ Signature \_\_\_\_\_