

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 3/24/03 BCR# 03-48

FROM: Department Public Works Division Traffic Engineering Section _____

Signatures: Department Director [Signature] Division Manager Melvin C. Barrington

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.

Roads is reconstructing Holiday Avenue and it will be necessary to replace the speed bumps that are located on this street. Monies are available for the speed bumps from Traffic Engineering Safety funds, and this accounting adjustment will move the necessary amount of funds to the appropriate Capital Project account.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 11500 Fund Name 1991 Infr. Sales Tax

	<u>FUND/ACCOUNT#</u>	<u>AS400 CIP#</u>	<u>PENT CIP#</u>	<u>ACCOUNT TITLE</u>	<u>TOTAL</u>
TRANSFER FROM	<u>077715 56067000</u>	<u>1930-15</u>	<u>PE76161Z</u>	<u>Contingency Safety Proj.</u>	<u>30,000</u>
				TOTAL	30,000

	<u>FUND/ACCOUNT#</u>	<u>AS400 CIP#</u>	<u>PENT CIP#</u>	<u>ACCOUNT TITLE</u>	<u>TOTAL</u>
TRANSFER TO	<u>077415 56067000</u>	<u>2124-01</u>	<u>PE47062X</u>	<u>Holiday Ave Safety Proj.</u>	<u>30,000</u>
				TOTAL	30,000

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 [Signature] Director [Signature]

APPROVING AUTHORITY: _____ DFS Director _____ County Manager BCC (Meeting Date) 4-22-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____