

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

Date 3/28/03 OMB# 03-49

FROM: Department Public Safety Division EMS Trust Section \_\_\_\_\_

Signatures: Department Director [Signature] Division Manager E. Frank Kirk [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.

Request transfer from EMS Trust 11800 055018 53052000 Item#1 in the amount of \$115,000.00 and \$4,500.00 from 11800 055018 53054000 Item #6 to 11800 055018 56064000 to purchase 30 each Mobile Data Terminals as part of the Computer Aided Dispatch System as approved by the BCC in FY01/02.

**FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 11800 Fund Name EMS Trust Fund**

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	11800 055018 53052000 Item #1			Operating Supplies	\$115,000.00
FROM	11800 055018 53054000 Item #6			Special Programs	\$4,500.00
				<b>TOTAL</b>	<b>\$119,500.00</b>

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	11800 055018 56064000			Capital Equipment	\$119,500.00
				Designation of Funds	
				<b>TOTAL</b>	<b>\$119,500.00</b>

**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 [Signature] Director [Signature]

APPROVING AUTHORITY: \_\_\_ OMB Director \_\_\_ County Manager  BCC (Meeting Date) 4-22-03

Approved  Not approved Date Signed \_\_\_\_\_ Signature \_\_\_\_\_

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