

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 4/18/03 BCR# 03-53

FROM: Department PUBLIC WORKS Division TRAFFIC ENG Section _____

Signatures: [Signature] Department Director Division Manager Meloni 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.

The updated cost estimate of the mast arm conversion project for Red Bug Lake Road is higher than originally anticipated. Funds are available within this current year's budget from a completed safety project to meet this need.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #115000 Fund Name:1991 Sales Tax Infrastructure

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	<u>077715 56067000</u>	<u>1930-9</u>	<u>PE76154Z</u>	<u>BEAR GULLY/OLD HOWELL BRANCH</u>	<u>38,000</u>
FROM	_____	_____	_____	_____	_____
				TOTAL	38,000
TRANSFER	<u>077715 56067000</u>	<u>2026-2</u>	<u>PE76216Z</u>	<u>RED BUG LK/DODD</u>	<u>35,000</u>
TO	<u>077715 56067000</u>	<u>1930-15</u>	<u>PE76161Z</u>	<u>SAFETY CONTINGENCY</u>	<u>3,000</u>
				TOTAL	38,000

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) 5-13-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____