

LF 14

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 4/29/03 BCR# 03-56

FROM: Department Public Safety Division EMS/Fire/Rescue Section _____

Signatures: Department Director [Signature] 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# _____

Funds are budgeted in the Fire Fund Impact Fee account as Miscellaneous Capital Equipment Item # 2. Request BCC approval to identify and purchase an Emergency Response Command & Control Unit with the funds currently identified as Miscellaneous Capital Equipment. Cost of the project is estimated at \$380,000.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #112 Fund Name _____ Fire

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	12300012801522560640 00 Item 2	154601	DB3045 1X	Machinery & Equipment	\$380,000
FROM	_____	_____	_____	_____	_____
				TOTAL	\$380,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	12300012801522560640 00	2242-01		Machinery & Equipment	\$380,000
TO	_____	_____	_____	_____	_____
				TOTAL	\$380,000

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) _____

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____