

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 6/20/03

OMB# 03-67

FROM: Department Environmental Svcs Division Water & Wastewater Section _____

Signatures: Department Director *Robert G. Adolphe* Division Manager *Gary J. ...*
 Robert G. Adolphe, PE *GA*

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.

Construction costs for the Greenwood Lakes Water Treatment Plant Sodium Hypochlorite Feed System are more costly than was expected. Funds are available in the Water System Rehabilitation account which is for unanticipated projects.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund# 40100 Fund Name Water & Sewer

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	40100-087801-56065000	0566-01	PF8515 1X	Construction in Progress	13,019
FROM		0566-01	DF85151X	Construction in Progress	66,981
				TOTAL	80,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	40100-087801-56065000	1615-01	DF8555 4X	Construction in Progress	80,000
TO					
				TOTAL	80,000

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: Comp Svcs/hard & software; Fleet/vehicles; Purchasing/capital; Spt. Svcs; etc)

Signature _____

Div or Dept _____

OMB RECOMMENDATION: Approval Disapproval Analyst *B. ...* Director _____

APPROVING AUTHORITY: _____ OMB Director _____ County Manager BCC (Meeting Date) 7-22-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____