

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 7/21/03 BCR# 03-69

FROM: Department Public Works Division Stormwater 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# _____

- 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.

This transfer is an adjustment to consolidate the funding into a single capital improvement project number for the previously approved Lockhart-Smith Canal Drainage Project.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 13000 Fund Name STORMWATER

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	077600 56061000	0130-01	DC69011X	Major/Minor Conveyance	\$271,204
FROM	077600 56068000	0130-01	DC69011X	Major/Minor Conveyance	\$302,698
	077600 56063000	1613-01	DC60212X	Conveyance Program	\$260,000
	077600 56068000	2024-03	PC69046X	Conveyance Acquisition	\$ 40,000
	077600 56068000	2024-01	PC69044X	Conveyance Acquisition	\$ 60,000
				TOTAL	\$933,902

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	077600 56061000	2024-02	PC69044X	Lockhart/Smith Canal Phase I	\$ 933,902
				TOTAL	

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 Crockett Huber Director [Signature]

APPROVING AUTHORITY: DFS Director County Manager BCC (Meeting Date) 8-12-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____