

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 8/4/03

BCR#

03-76

FROM: Department Public Works Division Engineering Section _____

Signatures: Department Director Pamela Shilling Division Manager Will

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.

A transfer of funds is needed to designate budgeted funds to a specific project account for the 1st Street & Avenue 'C' sidewalk. This will be for the construction of sidewalks along 1st Street from SR46 to Avenue 'C' and along Avenue 'C' from 1st Street to Old Geneva Road.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #11541 Fund Name: 2001 Sales Tax Fund

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	077541-56063000	1925-01	PE70069X	County Sidewalk Const Contingency	\$120,000
				TOTAL	\$120,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	077541-56063000	1925-34	PE70132X	Const 1 st St & Ave C sidewalk	\$120,000
				TOTAL	120,000

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 C.H. Crockett Hunter Director [Signature]

APPROVING AUTHORITY: ___ DFS Director ___ County Manager X BCC (Meeting Date) 8-26-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____