

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 9/30/02 OMB# 02-137

FROM: Department Planning and Dev. Division Planning Section _____

Signatures: Department Director [Signature] Financial 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 budget change is necessary to properly account for the Lynx One Cent Sales Tax Capital funds. The funds were budgeted originally in the 110215-56063000 - Capital Improvements Other than Buildings account. This type of expenditure is required to be made from the 110215-58081000 - Aid to other Governmental Organizations .

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #11500 Fund Name Infrastructure Tax

TRANSFER	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
FROM	<u>110215-56063000</u>	<u>0591-04</u>	<u>DE76164Z</u>	<u>Improvements other than buildings</u>	<u>573,683</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	573,683
TRANSFER	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TO	<u>110215-58081000</u>	<u>0591-04</u>	<u>DE76164Z</u>	<u>Aid to government organizations</u>	<u>573,683</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	573,683

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

Signature _____

Div or Dept _____

OMB RECOMMENDATION: Approval Disapproval Analyst [Signature] Director [Signature]

APPROVING AUTHORITY: ___ OMB Director ___ County Manager BCC (Meeting Date) 11-12-02

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____