

FROM: Department Public Works Division Engineering Section _____

Signatures: [Signature] Department Director [Signature] Division Manager

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.

CR 427 Phase III/IV PE51061Z (0070-01)

Engineering services are needed to perform a limited site assessment as required by the Florida Dept. of Environmental Protection (FDEP) to comply with the approved Alternative Procedure Plan (APP). Testing was performed at this site prior to the start of construction. Construction has been completed, and additional testing is required to determine if any further action is needed. Funds are available from Reserves.

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

Fund #12601 Fund Name Arterial Impact Fee

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	999955-59099994			Reserve for Capital Imprv	5,780
	077521-59099994			Reserve for Capital Imprv	11,220
				TOTAL	17,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	077515-56067000	0070-01	DE51061Z	Roads - CR 427 Phase III/IV	5,780
	077521-56067000	0070-01	DE51061Z	Roads - CR 427 Phase III/IV	11,220
				TOTAL	17,000

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

Signature _____

Div or Dept _____

OMB RECOMMENDATION: Approval Disapproval Analyst Crockett 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 _____