

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 10/29/02 BCR# 02-138

FROM: Department Public Safety Division Ems/Fire/Resuce Section _____

Signatures: Department Director _____ 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.

Close out F.Y. 01/02 Line Shortages

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 112 Fund Name Fire Fund

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>05610051019000</u>			<u>Holiday Pay</u>	<u>62,842.00</u>
	<u>05610059097000</u>			<u>Reimbursements</u>	<u>214.00</u>
	<u>05610/51014000</u>			<u>Overtime</u>	<u>570.00</u>
				TOTAL	63,626.00

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	<u>05610051015000</u>			<u>Special Pay</u>	<u>3910.00</u>
	<u>05610051023000</u>			<u>Health and Life</u>	<u>58,932.00</u>
	<u>05610059097002</u>			<u>Refunds</u>	<u>214.00</u>
	<u>05610/51015000</u>			<u>Special Pay</u>	<u>570.00</u>
				TOTAL	63,626.00

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 [Signature] Director [Signature]

APPROVING AUTHORITY: _____ DFS Director _____ County Manager BCC (Meeting Date) 11-26-02

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____