

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 11/12/02 OMB# 03-13

FROM: Department Public Works Division Traffic Engineering Section _____

Signatures: Department Director *Patricia St. George* Division Manager *Melanie Livingston*

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.

At the 11/12/02 BCC meeting the Board requested that both the SR434 at CR427 and the Red Bug Lake Road at Dodd Road mast arm conversions be done in the current fiscal year. Funds are available from the 1991 Sales Tax Fund reserves to reinstate the Red Bug Lake/Dodd project into the current year's program.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund#: 115000 Fund Name: Infrastructure Tax

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>11500 999955 59099994</u>	_____	_____	<u>Reserves for Capital Imp.</u>	<u>\$90,000</u>
				TOTAL	\$90,000
TRANSFER TO	<u>11500 077715 56067000</u>	<u>2026-02</u>	<u>PE76216Z</u>	<u>Red Bug Lk Rd./Dodd Mast Arm</u>	<u>\$90,000</u>
				TOTAL	\$90,000

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 C. Hunter Director _____

APPROVING AUTHORITY: ___ OMB Director ___ County Manager X BCC (Meeting Date) 11/26/02 *CL*

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____