

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 11/9/2020
 Parent Fund Utilities
 Division Procurement
 Department _____

Request for the following transfer be made for the reason(s) stated:

Amount FROM	Fund	Cost Center	Account	Project	Area	TBD
\$ 1,300	42011	650536000	5112010	0000000	00	0000000

TOTAL \$ 1,300

Amount TO	Fund	Cost Center	Account	Project	Area	TBD
\$ 1,300	42011	390536001	5112010	0000000	00	0000000

TOTAL \$ 1,300

JUSTIFICATION (attach additional back-up as necessary) _____
 Transfer to cover overage in Personnel costs due to hiring new employee above minimum rate budgeted and change in employee health benefit coverage.

Division Director _____
 Department Director _____

Recommended or not recommended by _____
 (Budget & Management Services) (Date)

Reason _____

APPROVED / NOT APPROVED
 Board of County Commissioners/County Management _____
 (Date)

Requesting Department or Division: **FORWARD TO BUDGET & MANAGEMENT SERVICES**

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 11/9/2020
 Parent Fund Transportation
 Division Procurement
 Department _____

Request for the following transfer be made for the reason(s) stated:

Amount FROM	Fund	Cost Center	Account	Project	Area	TBD
\$ 18,000	14971	520541052	5112010	0000000	00	0000000

TOTAL \$ 18,000

Amount TO	Fund	Cost Center	Account	Project	Area	TBD
\$ 18,000	14971	390513095	5112010	0000000	00	0000000

TOTAL \$ 18,000

JUSTIFICATION (attach additional back-up as necessary) _____
 Transfer to cover overage in Personnel costs

Division Director _____
 Department Director _____

Recommended or not recommended by _____
 (Budget & Management Services) (Date)

Reason _____

APPROVED / NOT APPROVED
 Board of County Commissioners/County Management _____
 (Date)

Requesting Department or Division: FORWARD TO BUDGET & MANAGEMENT SERVICES

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 11/13/2023
 Parent Fund 41211
 Division Waste & Recycling
 Department Operations

Request for the following transfer be made for the reason(s) stated:

	Amount	Fund	Cost Center	Account	Project	Area	TBD
	FROM						
	\$ 1,950,000	41211	550000412	5998020	0	0	0
	\$						
TOTAL	\$ 1,950,000						
	Amount		Cost				
	TO	Fund	Center	Account	Project	Area	TBD
	\$ 1,950,000	41211	550534030	5359000	0	0	0
TOTAL	\$ 1,950,000						

JUSTIFICATION (attach additional back-up as necessary) Transfer \$1,950,000 from Waste & Recycling
Contingency Reserves - account to Waste & Recycling Universal Collections Program Budget for
the collection of Residential Solid Waste and Recyclable Materials Collection

Division Director BoCC 11/21/23
 Department Director BoCC 11/21/23

Recommended or not recommended by BoCC 11/21/23
 (Budget & Management Services) (Date)

Reason _____

APPROVED / NOT APPROVED
 Board of County Commissioners/County Management BoCC 11/21/23

Requesting Department or Division: **FORWARD TO BUDGET & MANAGEMENT SERVICES**