

# 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 <b>FROM</b>	Fund	Cost Center	Account	Project	Area	TBD
\$ 1,300	42011	650536000	5112010	0000000	00	0000000

**TOTAL** \$ 1,300

Amount <b>TO</b>	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.

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 \_\_\_\_\_

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 <b>FROM</b>	Fund	Cost Center	Account	Project	Area	TBD
\$ 18,000	14971	520541052	5112010	0000000	00	0000000

**TOTAL** \$ 18,000

Amount <b>TO</b>	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

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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 11/5/2024  
 Parent Fund 41000  
 Department/Division Solid Waste  
 BoCC Date 11/19/2024

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

	Amount <b>FROM</b>	Fund	Cost Center	Account	Project	Area	TBD
			\$ 3,500,000				
	\$ 2,700,000	41211	550000412	5998010	0000000	00	0000000
<b>TOTAL</b>	<b>\$ 6,200,000</b>						

  

	Amount <b>TO</b>	Fund	Cost Center	Account	Project	Area	TBD
			\$ 250,000				
	\$ 3,250,000	41016	550534010	5359000	0000000	00	0000000
	\$ 2,000,000	41211	550534030	5359000	0000000	00	0000000
	\$ 700,000	41212	550534032	5359000	0000000	00	0000000
<b>TOTAL</b>	<b>\$ 6,200,000</b>						

**JUSTIFICATION**

For 23/24 the Solid Waste Operation Fund has incurred greater than budgeted capital expenses related to volume and third-party vendors (Aqua Clean & Big Dog) for Leachate and Yard Waste. For FY 23/24 the Solid Waste Collection Funds has incurred greater than Budgeted operation expenses related to increased cost of Haulers and Incentive Fee.

Department/Division 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**