

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 355099YE05	For Fiscal Year: 2018
Requesting Organization: 35509900 SPCC RESERVE CAPI	Date of Request: 27-Jul-18
Budget Adjust Type(s): New Request	Ongoing (Y or N): N
Fund Transfer	If Yes, next year's CF impact: \$0
Unforeseen / Exigency	Net FTE Change: 0.00

Description and Justification:

Move Funds from Small to Large EQP: In reviewing this years equipment needs, we are in need of more large capital equipment than small equipment and want to move funds to the large equipment fund.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	180 RAMPTON SALT PALACE CONV CTR FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
TOTALS	0	0	0	0

Approvals

Division Director: 	Date: 7/27/2018
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: 	Date: 7/30/18
Facilities Division Director:  (Capital Projects Only)	Date: _____
Chief Financial Officer: 	Date: 7/31/2018
Mayor or Designee: 	Date: 7-31-18
Approve X	
Approve	
Council Action: _____	Date: _____
Approve	

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81-10-5

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Budget Adjustment Detail

Budget Year: 2018 * Requesting Department: 35509900 SPCC RESERVE CAPITAL PROJECTS
 Budget Period: Post June Year-End * Req Item No: 355099YE05 * Adjustment Title: Move Funds from Small to Large EQP
 Adjustment Type(s): New Request Fund Transfer Unforeseen / Exigency

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180	3550990000	615035		SP_SM_EQUIP	(155,000)
180	3550990000	679020		SP_LG_EQUIP	155,000

TOTAL EXPENDITURES Page 1: \$0
 TOTAL EXPENDITURES ALL PAGES: \$0

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT

TOTAL REVENUES Page 1: \$0
 TOTAL REVENUES ALL PAGES: \$0

Balance Sheet/Fund Unrestriction String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments or fund
 unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE: \$0

* Ongoing (Y or N): N No. of New FTEs: 0.00 (2)
 If Yes, next year's CF impact: \$0 No. of New Time Limited FTEs: 0.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Other FTEs: 0.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and Justification: (Attach additional pages as needed.)*

In reviewing this years equipment needs, we are in need of more large capital equipment than small equipment and want to move funds to the large equipment fund.

- (1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.
 (2) For FTE related requests, complete and print the "Position" tab. Totals from that tab will be carried over to here.

Version 93: Last Updated: 1/29/2018