SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Fxed	cutive Summary		
Request Item No: 680		For Fiscal Year:	2019
Requesting Organization: 680			19-Feb-20
Budget Adjust Type(s): Fun		Ongoing (Y or N):	N
31. 3,51. 3,61.		If Yes, next year's CF impact:	\$0
		Net FTE Change:	0.00
Description and Justification	on:	J	
Fund Balance Transfer Replacer	nen Fund: Fund balance tra	nsfer for vehicles and replacement fur	ds for
Development Services vehicles s	sold prior to becoming MSD.		
Fund Balance Transfer Replacer	men Fund: Fund balance tra	nsfer for vehicles and replacement fur	ds for

Fund Impact

SUMMARY OF FUND IMPACT BY FUND			
FUND:	620 FLEET	735 PUBLIC WORKS AND	
	MANAGEMENT FUND	OTHER SERVICES FUND	
Fund Impact (Budgetary)	\$0	\$0	
Fund Impact (Transfers)	(\$216,189)	\$216,189	
TOTAL FUND IMPACT	(\$216,189)	\$216,189	

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
TOTALS	0	0	0	0

Approvals			
Division Director:		Date:	
Dept. or Elected Fiscal Mgr:		Date:	
Dept. Dir. or Elected Official:		Date:	
		Date:	
Chief Financial Officer:	Approve	Date:	
Mayor or Designee:	Approve	Date:	
Council Action:	Approve	Date:	
	Approve		

t Year:			get Adjustme			
rear:	2019		* Requesting De	partment: 680000	00 FLEET MANAGEMENT	
	est June Year-End	- * Req Item No:		* Adjustment Title:	Fund Balance Transfer Replace	men Fund
	Fund Transfer	- Ked item ko.		Aujustment ride.	Tuna Balance Transfer Replace	men i una
ment Type(s):						
Expense Budge						
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
,	<u> </u>			EXPENDITURES Page 1:		
Revenue Budge	et String(s):		TOTAL EXPE	NDITURES ALL PAGES:	_	<u> </u>
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
FUND	SUB-DEFT ID		REVENUE ACCOUNT	PROGIACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
				TAL REVENUES Page 1: REVENUES ALL PAGES:		•
Balance Sheet/	Fund Unrestriction	String(s):		roprietary Fund adjustments		·
FUND	SUB-DEPT ID	unesti		T ACCOUNT	AMOUI	NT
			BAL_SHT or 499999			
			TOTAL BAL	ANCE SHEET CHANGE:	=	
*	Ongoing (Y or N):	N		No. of New FTEs:	0.00	2)
If Yes, nex	t year's CF impact:	\$0		ew Time Limited FTEs: o. of Transferred FTEs:		2) 2)
				No. of Abolished FTEs:		2) 2)
Fund Balance T	Transfers:					
From Fund	From Dept ID	To Fund	To Dept ID	Amount	1	
620	6800006000	735	4050001100	216,189		
					-	
		<u> </u>			J	
iption and justifi	ication: (Attach addi	tional pages as neede	ed.)*			
oalance transfer f	or vehicles and repla	cement funds for Deve	lopment Services vehicles	s sold prior to becoming M	ISD.	

(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.