

City of Lauderhill, Florida - Budget Adjustment

Department: CityWide	Date: 6-Apr-19	Type of Adjustment: Intra- Department Transfer Inter -Department Transfer Supplemental Appropriation			
The Budget adjustment Requested will Require the Following Revisions:					
Account Description	Account Number			Amount	
	Fund	Div	Object	From	To
EXCESS ACCIDENT POLICY	001	162	4521		30,000
RESERVE FOR INSURANCE	001	162	7350	30,200	-
OVERTIME	001	162	1030	-	200
CITY ATTORNEY HRLY	001	151	3121		25,000
CONTRACTED SERVICES	001	151	3122		25,000
PROFESSIONAL SERVICES	001	114	3110	6,000	-
BUILDING MAINTENANCE	001	313	4620	6,000	
INS ALLOCATION	001	137	4510	8,000	
SPECIAL SUPPLIES	001	514	5245	30,000	
LAUDERHILL GARDEN CLUB	001	101	8317		2,500
PROFESSIONAL SERVICE	001	714	3110	1,500	
INS ALLOCATION	001	711	4510	1,000	
CAPITAL MIS LAKES	305	351	6211	268,500	
FACILITIES	305	321	6313		268,500
ROADWAY IMPROVEMENT	401	931	6525		37,731
NW 38TH AVE IMPROVEMENT	401	917	6390		17,300
LIFT STATION REHAB	401	933	6321		1,000
FILTER MEDIA REPLACEMENT	401	917	6358		100
EMERGENCY GENERATOR	401	917	6301		100
CAPITAL EQUIPMENT	401	917	6440	30,000	
CONSTRUCTION CONTINGENCY	401	917	9910	26,231	
PUMP STATION A	450	927	6417		7,757
PUMP STATION B	450	927	6418		7,757
CANAL IMPROVEMENT	450	927	6415	33,794	
FIELD OFFCIE RENO	450	925	06576		18,280
			TOTAL	441,225	441,225
REASON FOR ADJUSTMENT REQUEST (set forth Reasons the adjustment is required, the factors involved in arriving at costs, and the status of the account from which transfer is made.)					

City of Lauderhill, Florida - <u>Budget Adjustment</u>					
Department: CityWide		Date: 6-Apr-19		Type of Adjustment: Intra- Department Transfer Inter -Department Transfer	
The Budget adjustment Requested will Require the Following Revisions:				Supplemental Appropriation	
Account Description	Account Number			Amount	
	<u>Fund</u>	<u>Div</u>	<u>Object</u>	<u>From</u>	<u>To</u>
6 Month Budget Review					
Approval Requested:			Approved:		
Department Head		Date:			
Approved as to availability of Funds					
Finance Director		Date:			
Approved by City Commission			Audited By:	Input By:	Control #
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City of Lauderdale, Florida - Budget Adjustment

Department: General Fund	Date: 8-Apr-19			Type of Adjustment: Intra- Department Transfer	
The Budget adjustment Requested will Require the Following Revisions:				Inter -Department Transfer	
Account Description	Account Number			Amount	
	<u>Fund</u>	<u>Div</u>	<u>Object</u>	<u>From</u>	<u>To</u>
Postage Bension	001	101	4215		46
Overtime	001	101	1030		100
Travel Bension	001	101	4949	146	
Total				146	146
Overtime	001	112	1030		250
Membership and Sub	001	112	5410	250	
Total				250	250
Overtime	001	111	1030		500
Premium Pay	001	111	1040	3,500	
Membership and Sub	001	114	5410	5,000	
Contract Services	001	115	3150	3,000	
Small City Events	001	115	4820	4,000	
Part time Salary	001	117	1020		24,000
FICA Taxes	001	117	2110		4,500
Premium Pay	001	117	1040		5,500
Overtime	001	117	1030		7,500
Premium Pay	001	138	1040		7,000
Office Supplies	001	138	5110		150
Local Travel	001	138	4010	500	
Conf & Edu	001	138	4910	1,500	
FICA Taxes	001	138	2110	2,500	
Professional Services	001	138	3110	2,500	
Overtime	001	223	1030		25,000
Workers Comp	001	223	2410		15,000
Special Supplies	001	223	5245		600
Board Legal Expense	001	223	3322		500
Full Time Salary	001	223	1010	25,000	
Part time Salary	001	223	1020	25,000	
Group insurance	001	223	2310	10,000	
Professional Services	001	223	3110	5,000	
Over Time	001	313	1030		7,250
Building Maintenance	001	313	4610	10,000	
Total				97,500	97,500

Over time	001	161	1030		1,200
Training	001	161	1040	1,200	
Total				1,200	1,200
Part Time Salary	001	131	1020		15,000
Conf and Edu	001	131	4910		4,000
Full Time Salary	001	131	1010	15,000	
Over Time	001	133	1030		15,000
Printing	001	133	4710	250	
Conf and Edu	001	133	4910	5,000	
Conf and Edu	001	137	4910	4,000	
Overtime	001	139	1030		15,000
Professional Services	001	139	3110	15,000	
Equipment Rental	001	139	4430	3,500	
Minor Tools and Equip	001	139	5510	1,500	
Pension	001	212	2210	7,500	
Professional Services	001	222	3110		22,250
Overtime	001	222	1030		2,500
Equipment Rental	001	222	4430	2,000	
Conf and Edu	001	222	4910	4,000	
Ins Allocation	001	137	4510	16,000	
Total				73,750	73,750
Janitorial Supplies	001	312	5210		9,500
Conf and Education	001	312	4910		5,000
Training	001	312	4919	2,000	
Building Maintenance	001	312	4610	6,500	
Equipment Rental	001	315	4430		10,000
Premium Pay	001	315	1040	10,000	
FICA Taxes	001	315	2110	6,000	
Total				24,500	24,500
Longevity	001	511	01060		1,000
Equipment Maintenance	001	511	4620	1,000	
Electric	001	512	4310		50,000
Water	001	512	4320		10,000
Ins Allocation	001	512	4510		1,000
Part Time Salary	001	512	1020		82,000
Equipment Maintenance	001	512	4620	10,000	
Special Supplies	001	512	5245	5,000	
Part Time Salary	001	514	1020	82,000	
Longevity	001	514	1060	6,000	
Premium Pay	001	515	1040	40,000	
Total				144,000	144,000

Equipment Rental	001	614	4430		6,640
Equipment Maintenance	001	614	4620	6,640	
Total				6,640	6,640
Part Time Salary	001	711	1020		1,387
Overtime	001	711	1030		750
Part Time Salary	001	712	1020		30,000
Full Time Salary	001	712	1010		15,000
FICA Taxes	001	712	2110		5,000
Group Insurance	001	712	2310		2,500
Overtime	001	712	1030		2,000
Full Time Salary	001	713	1010		2,487
Part Time Salary	001	713	1020		2,015
Group Insurance	001	713	2310		549
FICA Taxes	001	713	2110		335
Part Time Salary	001	714	4510		22,000
Pension	001	714	2210	50,000	
Premium Pay	001	715	1040		6,000
Conf and Educa	001	715	4910		2,000
Part Time Salary	001	715	1020	50,000	
Part Time Salary	001	716	1020		5,808
Summer Program	001	716	5732		1,453
FICA Taxes	001	716	2110		524
Ins Allocation	001	716	4510		726
Overtime	001	720	1030		5,000
Part Time Salary	001	722	1020	15,000	
Youth Programs	001	723	5731		6,267
Overtime	001	724	1030		2,000
Premium Pay	001	727	1040		600
Overtime	001	727	1030		600
Total				115,000	115,000
TOTAL				462,986	462,986
REASON FOR ADJUSTMENT REQUEST (set forth Reasons the adjustment is required, the factors involved in arriving at costs, and the status of the account from which transfer is made.)					
6 Month Budget Review					
Approval Requested:			Approved:		
Department Head Date:					
Approved as to availability of Funds					
Finance Director Date:					
			City Manager		
Approved by City Commission		Audited By:		Input By:	
				Control #	



City of Lauderdale, Florida - Budget Adjustment

Department: Other Funds	Date: 8-Apr-19			Type of Adjustment: Intra- Department Transfer	
The Budget adjustment Requested will Require the Following Revisions:				Inter -Department Transfer	
Account Description	Account Number			Amount	
	Fund	Div	Object	From	To
Overtime Salary	401	911	1030		6,000
Equipment Maintenance	401	911	4620		4,000
Professional Services	401	911	3110	10,000	
Professional Services	401	931	3110		1,000
Minor Tools and Equipment	401	931	5510		2,500
Grounds Maintenance	401	931	4615	3,500	
Part Time Salary	401	933	1020		42,000
Ins Allocation	401	933	4510		2,511
Full Time Salary	401	933	1010	42,000	
Equipment Maintenance	401	931	4620	2,511	
Pre Employment Testing	401	935	3115		650
Conf and Education	401	935	4910		5,000
Professional Services	401	935	3110		5,000
Overtime Salary	401	935	1030		4,500
Workers Comp	401	935	2410	9,000	
Ins Allocation	401	935	4510	6,150	
Total				73,161	73,161
Overtime	450	925	1030		15,000
Full Time Salary	450	925	1010		200,000
Premium Pay	450	925	1040		1,000
FICA Taxes	450	925	2110		30,000
Pension	450	925	2210		30,000
Overtime	450	927	1030		10,000
Ground Maintenance	450	925	4615	40,000	
Contract Services	450	925	3150	95,000	
Full Time Salary	450	927	1010	75,000	
Pension	450	927	2210	30,000	
Group Insurance	450	927	2310	40,000	
Unifoms	450	927	5215	6,000	
Total				286,000	286,000
Equipment Rental	190	611	4430		10,028
Special Supplies	190	611	5245		350
Building Maintenance	190	611	4610	10,378	

Longevity	190	613	1060		100
Equipment Maintenance	190	613	4620	100	
Total				10,478	10,478
Fica Taxes	460	912	2110		5,000
Bank Charges	460	912	3130		100
Contract Services	460	912	3150	5,100	
Total				5,100	5,100
Promotions	460	915	4810		15,250
Printing	460	915	4710	15,250	
Total				15,250	15,250
Premium Pay	623	113	1040		1,200
Membership and Sub	623	113	5410	800	
Local Travel	623	113	4010	100	
Workers Comp	623	113	2410	300	
Total				1,200	1,200
TOTAL				391,189	391,189
REASON FOR ADJUSTMENT REQUEST (set forth Reasons the adjustment is required, the factors involved in arriving at costs, and the status of the account from which transfer is made.)					
6 Month Budget Review					
Approval Requested:			Approved:		
Department Head		Date:			
Approved as to availability of Funds					
Finance Director		Date:	City Manager		
Approved by City Commission	Audited By:		Input By:		Control #
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