

City of Lauderhill, Florida - <u>Budget Adjustment</u>					
Department: <div>CityWide</div>		Date: <div>20-Apr-20</div>		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	
	Fund	Div	Object	Increase	Decrease
MINIMUM HOUSING INSP	001	322	049	48,880	-
STRUCTURE PERMITS	001	322	0'49	143,531	
SIDEWALK REPAIRS	001	343	913	9,348	
BUSINESS DEVELOPMENT FEE	001	316	034	5,709	
TRACK & FIELD	001	347	616	4,465	
BUSINESS LIC NSF FEE	001	329	100	1,769	
ABANDON PROPERTY	001	369	603	1,026	
SMALL BUSINESS EXPO	001	347	616	3,500	
LAUDERHILL SPICE TOUR	001	369	239	840	
		Net Revenue		219,068	
				Decrease	Increase
CONTRACTED SERVICE	001	151	03122		100,000
INS ALLOCATION	001	711	04510		4,465
INS ALLOCATION	001	137	04510		114,603
				Total	219,068
				Increase	Increase
PUBLIC ART PROGRAM	111	363	238	142,741	
INTEREST EARNINGS	111	361	090	273	
				142,741	-
				Increase	Increase
PUBLIC ART PROGRAM	111	105	4926		142,741
					142,741
				Increase	Increase
VOCA GRANT	115	331	231	12,168	
INTEREST EARNING	115	361	90	141	
				12,309	
				Increase	Increase
FULL TIME SALARY	115	520	1010		12,309
					12,309
				Increase	Decrease
INTEREST EARNINGS	120	361	090	439	
L.E.T.F REVENUE	120	369	702	1,000	
				1,439	-
				Decrease	Increase
INSURANCE ALLOCATION	120	683	4510		1,439
				Increase	Decrease
INTEREST EARNING	305	361	090	33,757	
				33,757	-
				Decrease	Increase
JOHN MULLINS PARK	305	351	6397		20,970
MIS	305	321	6114		8,100
PALS ADMINISTRATION	305	321	6711		3,325
BOND ISSUCANE EXPENSE	305	351	7316		1,362

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Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Decrease
					33,757
				Increase	Decrease
CONNECTION FEES	401	381	252	78,258	
INTEREST EARNINGS	401	361	090	38,528	
ENGINEERING PERMIT	401	343	280	32,748	
AUCTION SALES SURPLUS	401	365	292	7,095	
				156,629	
				Decrease	Increase
COMPOUND UPGRADE	401	917	6985		115,000
SEWER LINES	401	933	6320		17,621
BANK CHARGES	401	917	3130		8,611
SRF LOANS INTEREST	401	917	7246		2,917
OVER TIME	401	933	1030		3,500
PREMIUM PAY	401	935	1040		8,980
					156,629
				Increase	Decrease
INTEREST EARNINGS	450	361	090	7,626	
				7,626	-
				Decrease	Increase
OVER TIME	450	927	1030		3,700
OVER TIME	450	925	1030		3,926
					7,626
				Increase	Decrease
RECAPTURE REVENUE	627	331	385	6,200	
INTEREST EARNINGS	627	361	090	1,438	
				7,638	-
				Decrease	Increase
GRANTS TO HOMEBUYER	627	224	4932		7,638
				Increase	Decrease
HOME HOUSING GRANT	629	332	315	28,000	
				28,000	-
				Decrease	Increase
GRANT TO HOME BUYERS	629	226	4932		28,000
			TOTAL	609,207	609,207
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					

City of Lauderdale, Florida - <u>Budget Adjustment</u>					
Department: CityWide		Date: 20-Apr-20		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>Increase</u>	<u>Decrease</u>
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 Lauderhill, Florida - Budget Adjustment

Department:	Go Bond Capital
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Date:	20-Apr-20
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Type of Adjustment:	Intra- Department Transfer
	Inter -Department Transfer
	Supplemental Appropriation

The Budget adjustment Requested will Require the Following Revisions:

[illegible]

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:
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City Manager

Approved by City Commission

Audited By:	
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Input By:

[illegible]

City of Lauderdale, Florida - Budget Adjustment

Department: Other Funds		Date: 20-Apr-20	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
Overtime Salary	401	933	1030		6,000
Equipment Maintenance	401	933	4620	6,000	
Overtime Salary	401	935	1030		10,000
Overtime Salary	401	931	1030	10,000	
Total				16,000	16,000
Overtime	450	925	1030		15,000
Contract Services	450	925	3150	15,000	
Pre-employment Testing	450	927	3115		100
Overtime	450	927	1030		10,000
Equipment Maintenance	450	927	4620	10,100	
Total				25,100	25,100
TOTAL				41,100	41,100
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 Lauderhill, Florida - <u>Budget Adjustment</u>					
Department: General Fund		Date: 20-Apr-20		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	
	Fund	Div	Object	From	To
Ins Allocation	001	512	4510		98,929
Citywide Events	001	101	4823		64,798
Parttime Salary	001	512	1020		39,318
Workers Comp	001	726	2410		33,479
Excess Coverage Liability	001	162	4521		28,307
Works Comp	001	312	2410		13,567
Longevity	001	512	1060		13,127
Workers Comp	001	315	2410		12,920
Ins Allocation	001	315	4510		11,892
Premium Pay	001	722	1040		11,629
Uniform	001	515	5215		10,843
Part Time Salaries	001	315	1020		10,519
Spec Detail Pay	001	512	1050		9,000
Overtime	001	514	1030		6,554
Overtime	001	714	1030		5,237
Worker Comp	001	117	2410		5,173
Bank Charges	001	137	3130		3,934
Workers Comp	001	112	2410		3,608
Longevity	001	511	1060		3,556
Overtime	001	133	1030		2,980
Overtime	001	511	1030		2,887
Ins Allocation	001	711	4510		2,712
Overtime	001	161	1030		2,700
Part time Salary	001	714	3322		2,687
Overtime	001	115	1030		2,700
Premium Pay	001	133	1040		2,100
Minor Tools and Equipment	001	111	5510		2,000
Ins Allocation	001	718	4510		1,435
Equipment Maintenace	001	114	4620		60,000
Over Time	001	313	1030		900
Membership and sub	001	115	5410		900
Small City Events	001	115	4820		800
Overtime	001	111	1030		500
Special Supplies	001	718	5245		400
Overtime	001	222	1030		400
Uniforms	001	511	5215		375
Pension	001	724	2210		370
Workers Comp	001	728	2410		360
Group Ins	001	724	2310		240
Premium Pay	001	727	1040		300
Equipment Maintenace	001	515	4620		298
Full Time Salary	001	515	1010	100,000	
ACT Board	001	101	8114	10,000	
Education Advisory Board	001	101	8126	10,000	

Federated Womens Club	001	101	8121	8,000	
Kiwanis Club of Broward	001	101	8123	2,000	
Part Time Salary	001	117	1020	5,000	
Group Ins	001	117	2310	30,000	
Confs and Education	001	111	4910	10,000	
Part time Salary	001	223	1020	10,000	
Professional Service	001	112	3110	7,500	
Ins Allocation	001	137	4510	15,000	
Pension	001	139	2210	35,000	
Reserve For Insurance	001	162	7350	106,934	
Part time Salary	001	719	1020	25,000	
Part time Salary	001	718	1020	25,000	
Part time Salary	001	728	1020	25,000	
Part time Salary	001	720	1020	50,000	
Total					
TOTAL				474,434	474,434
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 # _____