

Interdepartmental	\$ 2,890,704
Capital	\$ 211,021
Supplemental	\$ 1,960,631
	<u>\$ 5,062,356</u>

<b>Capital</b>	<u>\$ 211,021</u>
Fire (190)	61,021
Water & Sewer (Fund 401)	150,000

<b>Supplemental</b>	<u>\$ 1,960,631</u>
Fund 001	\$ 1,071,441
Fund 401	\$ 291,303
LPAC	\$ 597,887

<b>Interdepartmental</b>	<u>\$ 2,890,704</u>
Fund 001	\$ 2,250,000.21
Fund 401	\$ 610,704.00
Fund 450	\$ 30,000.00
Fund 460	

## City of Lauderhill, Florida - Budget Adjustment

Department: Citywide		Date:		Type of Adjustment: Intra- Department Transfer <b>Inter -Department Transfer</b> Supplemental Appropriation	
The Budget adjustment Requested will Require the Following Revisions:					
Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Increase
Electric Tax	001	314	018	450,152	
PEMT EMS Program	001	334	501	157,000	
Electric Franchise Fees	001	313	010	142,833	
ECO DEV Event Revenue	001	347	457	45,000	
Zoning Fees	001	341	065	1,044	
Alarm Fines	001	351	077	12,800	
Interest Earnigs	001	361	090	65,000	
Insurance Recovery	001	369	300	27,281	
Auction Sales	001	365	292	9,540	
Business Tax Penalty	001	316	052	86,991	
Traffic & Court Fines	001	351	085	6,530	
Miscellaneous Revenue	001	369	095	67,270	
FICA	001	101	2110		400
Professional Services	001	101	3110		400
Board Expense	001	101	4918		100
Full Time Salaries	001	111	1010		171,105
Overtime	001	111	1030		1,200
FICA	001	111	2110		5,000
Professional Service	001	111	3110		5,000
Insurance Allocation	001	133	4510		11,222
Postage	001	111	4210		250
Special Supplies	001	111	5245		200
Insurance Allocation	001	138	4510		2,051
Membership & Subscription	001	111	5410		650
Minor Tools & Equipment	001	111	5510		145
Insurance Allocation	001	137	4510		3,500
Overtime	001	114	1030		4,000
Premuim Pay	001	114	1040		1,450
FICA	001	114	2110		1,500
Group Insurance	001	114	2310		20,000
Professional Service	001	114	3110		12,500
Telephone	001	114	4110		65,000
Insurace Allocation	001	161	4510		6,727
OverTime	001	714	1030		88,000
Over Time	001	515	1030		87,717
Over Time	001	511	1030		35,683
Full Time Salaries	001	511	1010		247,160
Overtime	001	512	1030		85,000
Full Time Salaries	001	514	1010		23,559
Youth Programs	001	715	5731		5,631
Special Supplies	001	312	5245		3,355
Short Term Insurance	001	723	2312		5,652
Workers Comp	001	117	2410		5,500
Group Insurance	001	719	2310		4,390
Group Insurance	001	726	2310		4,511
Other Rec Program	001	720	5730		1,500
Membership & Subscription	001	131	5410		1,500
AquaticPrograms	001	723	5708		1,500
Minor Tools & Equipment	001	133	5510		1,200
Office Supplies	001	727	5110		1,000
Worker Comp	001	728	2410		8,023
Insurance	001	726	4510		45,000
Full Time Salaries	001	312	1010		61,708
FICA	001	131	2110		8,501
Part Time	001	317	1020		8,046
Overtime	001	723	1030		5,000
Group Insurance	001	715	2310		7,145
Other Rec Program	001	723	5730		2,750
Insurance	001	139	4510		10,910

			<b>TOTAL</b>	1,071,441
				1,071,441
<b>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.)</b>				
<div>Reconcile Account</div>				
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: Citywide	Date:			Type of Adjustment: Intra- Department Transfer <b>Inter -Department Transfer</b>	
The Budget adjustment Requested will Require the Following Revisions:				Supplemental Appropriation	
Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Decrease
Full Time Salaries	001	313	1010	130,805	
Water & Sewer	001	317	4320	79,927	
Insurance Allocation	001	726	4510	52,000	
Full Time Salaries	001	512	1010	836,173	
Conference & Education	001	515	4919	25,000	
Group Insurance	001	317	2310	22,700	
Premuim Pay	001	131	1040	13,050	
Insurance Allocation	001	115	4510	6,148	
Planning & Zoning	001	222	2210	25,632	
Professional Services	001	131	3110	10,240	
Full Time Salaries	001	720	1010	33,108	
Insurance Allocation	001	131	4510	4,627	
Electric	001	317	4310	19,568	
Full Time Salaries	001	727	1010	26,156	
FICA	001	719	2110	12,805	
Economic Development	001	139	4825	16,249	
Other Rec Program	001	727	5730	9,500	
Group Insurance	001	115	2310	18,135	
Workers Comp	001	728	2410	12,000	
Group Insurance	001	511	2310	33,943	
Pension	001	112	2210	18,743	
Professional Services	001	717	3110	10,000	
Water & Sewer	001	312	4320	20,000	
Insurance	001	312	4510	5,740	
Group Insurance	001	222	2310	15,130	
FICA	001	511	2110	22,488	
Group Insurance	001	313	2310	15,445	
Pension	001	312	2210	15,646	
Group Insurance	001	131	2310	13,130	
Part Time	001	717	1020	15,723	
Overtime	001	315	1030	11,459	
Gas Oil & Lube	001	138	5240	30,734	
Premuim Pay	001	212	1040	5,607	
Insurance Allocation	001	222	4510	3,616	
Full Time Salaries	001	715	1010	29,200	
Part Time	001	212	1020	10,609	
Group Insurance	001	723	2310	9,538	
Membership & Subscription	001	115	5410	6,500	
Group Insurance	001	725	2310	8,606	
Minor Tools & Equipment	001	313	5510	4,500	
Insurance	001	313	4510	9,804	
Pension	001	514	2210	10,586	
Group Insurance	001	133	2310	10,711	
Electric	001	614	4310	7,500	
Group Insurance	001	212	2310	9,409	
Overtime	001	725	1030	4,600	
Youth Programs	001	719	5731	5,814	
Over Time	001	514	1030	5,000	
Over Time	001	718	1030	4,880	
FICA	001	725	2110	4,624	
Insurance Allocation	001	315	4510	5,000	
Overtime	001	317	1030	5,128	
Insurance	001	726	4510	3,115	
Special Supplies	001	515	5245	3,200	
Insurance	001	512	450	4,759	
FICA	001	312	2110	6,470	
Special Supplies	001	317	5245	2,200	
Membership & Subscription	001	137	5410	1,850	
Board Expense	001	223	3322	1,500	
Insurance Allocation	001	114	4510	145,952	
Group Insurance	001	719	2310	4,390	
Jazzin in the Park	001	115	4931	1,200	
over time	001	139	1030	2,580	

Over TIME	001	515	1030	25,000	
FICA	001	512	2110	92,800	
Group Insurance	001	514	2310	4,046	
Training	001	515	4919	185,000	
Full Time Salaries	001	317	1010	22,702	
Full Time salaries	001	515	1010		1,000,000
Reserve for Insurance	001	162	7350		500,000
Excess Property	001	162	4521		300,000
Pension	001	515	2210		200,000
Pension	001	315	2210		50,000
Insurance	001	315	2310		50,000
Full Time	001	212	1010		100,000
Part Time	001	223	1020		50,000
			TOTAL	2,250,000	2,250,000
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.)					
Reconcile Account					
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: Citywide		Date:		Type of Adjustment: Intra- Department Transfer Inter -Department Transfer	
The Budget adjustment Requested will Require the Following Revisions:				<b>Supplemental Appropriation</b>	
Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Increase
Interest Earnings	401	361	90	291,303	
Full Time Salaries	401	911	1010		42,068
Over Time	401	911	1030		1,500
Premium Pay	401	911	1040		100
FICA	401	911	2110		5,000
Group Insurance	401	911	2310		10,550
Equipment Maintenance	401	911	4620		10,000
Insurance	401	911	4510		1,152
Conference & Education	401	911	4910		2,500
Office Supplies	401	911	5110		250
Postage	401	921	4210		10,000
Facilities Repairs	401	921	4625		1,500
Printing	401	921	4710		10,000
Uniform	401	921	5215		100
Chemicals	401	921	5220		177,567
Special Supplies	401	921	5245		1,000
Full Time Salaries	401	931	1010		18,016
			<b>TOTAL</b>	291,303	291,303
<b>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.)</b>					
<p><b>Roll over and to fund salaries shortfall</b></p>					
Approval Requested:  Department Head                      Date: Approved as to availability of Funds		Approved:    City Manager			
Finance Director                      Date: Approved by City Commission		Audited By:		Input By:	Control #
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## City of Lauderhill, Florida - Budget Adjustment

Department: Citywide		Date:		Type of Adjustment: Intra- Department Transfer <b>Inter -Department Transfer</b>	
The Budget adjustment Requested will Require the Following Revisions:				Supplemental Appropriation	
Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Decrease
Over Time	401	931	1030	11,000	
FICA	401	931	2110	8,924	
Group Insurance	401	931	2310	35,252	
Insurance	401	935	4510	10,670	
Uniform	401	931	5215	800	
County Sewer Treatment	401	931	3330	473,915	
Postage	401	931	4210	18,000	
Insurance	401	933	4510	7,143	
Electric	401	933	4310	22,000	
Office Supplies	401	933	5110	500	
Overtime	401	935	1030	8,500	
Group Insurance	401	935	2310	3,000	
Professional Services	401	935	3110	10,000	
Special Supplies	401	935	5245	1,000	
Lab Supplies	401	921	5222		25,000
Minor Tools & Equipment	401	921	5510		5,000
PartTime Salaries	401	931	1020		15,713
Longevity	401	931	1060		2,462
Full Time Salaries	401	933	1010		116,380
Pension	401	933	2210		130,000
Equipment Rental	401	933	4430		5,000
Training	401	933	4919		1,500
Chemical	401	933	5245		2,000
Full Time Salaries	401	935	1010		161,152
Premuim Pay	401	935	1040		15,000
Longevity	401	935	1060		18,497
FICA	401	935	2110		1,000
Pension	401	935	2210		100,000
Local Travel	401	935	4010		2,000
Uniform	401	935	5215		10,000
<b>TOTAL</b>				610,704	610,704
<b>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.)</b>					
<b>Reconcile Account</b>					
Approval Requested:		<div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
Department Head _____ Date: _____ Approved as to availability of Funds					
Finance Director _____ Date: _____					
Approved by City Commission _____					
Audited By: _____		Input By: _____		Control # _____	

**City of Lauderhill, Florida - Budget Adjustment**

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## City of Lauderhill, Florida - Budget Adjustment

Department: Citywide		Date:		Type of Adjustment: Intra- Department Transfer <b>Inter -Department Transfer</b> Supplemental Appropriation	
The Budget adjustment Requested will Require the Following Revisions:					
Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Decrease
Over Time	450	925	1030	6,500	
Workers Comp	450	925	2410	2,500	
Vulnerability Study	450	925	3113	10,000	
Water & Sewer	450	925	4320	6,000	
Equipment Maintenance	450	925	4620	5,000	
Premium Pay	450	925	1040		17,500
Longevity	450	925	1060		1,501
Group Insurance	450	925	2310		10,999
<b>TOTAL</b>			30,000	30,000	
<b>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.)</b>					
<b>To Reconcile Account</b>					
Approval Requested:  Department Head _____ Date: _____ Approved as to availability of Funds  Finance Director _____ Date: _____		Approved:       City Manager			
Approved by City Commission	Audited By: _____	Input By: _____	Control # _____		

City of Lauderhill, Florida - Budget Adjustment					
Department: <b>Fire Fund 190</b>		Date: <b>8-Sep-24</b>		Type of Adjustment: Intra- Department Transfer <b>Inter -Department Transfer</b> Supplemental Appropriation	
The Budget adjustment Requested will Require the Following Revisions:					
Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Increase
State EMS Grant	115	334	499		31,200
State EMS Grant	115	510	4963	31,200	
				<b>31,200</b>	<b>31,200</b>
	190			<b>To</b>	<b>From</b>
FS 57	190	351	6213		7,877
FS 73	190	351	6214	7,877	
Equipment Maintenance	190	611	4620	-	7,990
Mobile Cammand Unit	190	351	6641	7,990	
Minor Tools	190	611	5510	-	<b>10,470</b>
FS 73	190	351	6214	10,470	
Minor Tools	190	611	5510	-	3,484
FS 110	190	351	6207	3,484	
				<b>29,821</b>	<b>29,821</b>
			<b>TOTAL</b>	61,021	61,021
<b>REASON FOR ADJUSTMENT REQUEST</b> (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.)					
<p>End of Year Supplemental Appropriation</p>					
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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