

TRANSFER:

Fund: County Transportation      Amount: \$ 250,000

1.)      Explanation: Transfer to provide funds for JTA study

Support:      Tab 1      Page A

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OTHER ITEMS FOR CONSIDERATION:

1.)      Approve attached Signature Authorization Form

Support:      Tab 2      Page A

Tab 1  
Page A

## Budget Transfer Request

Requesting Dept: OMB Fund: 103-Cty Transp Transfer #

Prepared By: Megan Sawyer ms Date: 11/17/2022

**Purpose:** JTA Study

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|           |                 |                       |                     |                    | Fin. Serv.<br>Use Only |
|-----------|-----------------|-----------------------|---------------------|--------------------|------------------------|
|           | Acct. Number    | Acct. Description     | Available<br>Budget | Transfer<br>Amount | Verified<br>Available  |
| Transfer: |                 |                       |                     |                    |                        |
| From:     | 03999599-599083 | Reserves-Capital Plan | \$ 2,080,771.00     | \$ (250,000.00)    |                        |
| To:       | 03420541-531000 | Professional Services | \$ 15,019.33        | \$ 250,000.00      |                        |
| From:     |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
| From:     |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
| From:     |                 |                       |                     |                    |                        |
| To:       |                 |                       |                     |                    |                        |
|           |                 |                       | Subtotal:           | \$ -               |                        |
|           |                 |                       | Grand Total:        | \$ -               |                        |

Approved By:  Clerk of Courts: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Services Use Only

Action Completed: \_\_\_\_\_  
Signature/Date

## Budget Transfer Request

Requesting Dept: OMB Fund: 103-Cty Transp Transfer #                     

Prepared By: Megan Sawyer **MS** Date: 11/17/2022

Purpose: JTA Study

|           |                 |                   |                     |                    | Fin. Serv.<br>Use Only |
|-----------|-----------------|-------------------|---------------------|--------------------|------------------------|
|           | Acct. Number    | Acct. Description | Available<br>Budget | Transfer<br>Amount | Verified<br>Available  |
| Transfer: |                 |                   |                     |                    |                        |
| From:     | 03999599-399100 | Cash Forward      | \$ 1,946,372.00     | \$ (250,000.00)    |                        |
| To:       | 03420541-399100 | Cash Forward      | \$ 40,000.00        | \$ 250,000.00      |                        |
| From:     |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
| From:     |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
| From:     |                 |                   |                     |                    |                        |
| To:       |                 |                   |                     |                    |                        |
|           |                 |                   | Subtotal:           | \$ -               |                        |
|           |                 |                   | Grand Total:        | \$ -               |                        |

COPY

Approved By: BOCC:                                      Clerk of Courts:                                       
 Date:                                      Date:                                     

### Financial Services Use Only

Action Completed:                                       
 Signature/Date

Tab 2  
Page A

**PERSONNEL AUTHORIZED TO APPROVE INVOICES,  
REQUISITIONS AND BUDGET TRANSFERS**

**EMPLOYEE'S NAME:**

Felicia Fort

**SIGNATURE & INITIALS:**

Felicia Fort FF

**DEPARTMENT:**

Code Enforcement

| <b>FUND NAME</b>        | <b>ACCOUNT NO.<br/>(ORG)</b> | <b>APPROVAL<br/>LIMIT</b> | <b>CHANGES &amp;<br/>UPDATES</b> |
|-------------------------|------------------------------|---------------------------|----------------------------------|
| Municipal Service (104) | 042435*                      | \$1,000                   | New                              |
|                         |                              |                           |                                  |
|                         |                              |                           |                                  |
|                         |                              |                           |                                  |

**SPECIAL CLERK INSTRUCTIONS:**

**NOTE:** Keep a copy of this form for your records. If any information should change, please send the new information to the Finance Department to be submitted to the BOCC for approval.

  
**DEPARTMENT HEAD SIGNATURE**

10/28/22  
**DATE**

\_\_\_\_\_  
**EX-OFFICIO CLERK SIGNATURE**

\_\_\_\_\_  
**DATE**

**BOARD APPROVED:**