## **REQUEST FOR TRANSFER OF FUNDS**

FUND NAME: Transportation Cap Imp				DATE: <u>02/18/20</u> BATCH NO.			
FISCAL YEAR:	FY19-20	_FUND #:	30700	DOC TYPE:	YB	LEDGER TYPE	ВА
TO: Transportation Cap Imp (DIVISION NAME)				Estero Crescent Signal (PROGRAM NAME)			
			(FROGRAW NAME)				
ACCOUNT NUMBER			OBJECT NAME			DEBIT	
20071730700.506540			Improvement C	Construction		\$108,000	
						TOTAL TO:	\$108,000
FROM: Transportation Cap Imp			_	Intersection Improvements			
	(DIVISION NAME)				(PROGRAM	/I NAME)	
ACCOUNT NUMBER				OBJECT NAME			CREDIT
40671330700.50	3490			Other Contract	ed Services		\$108,000
						TOTAL FROM:	\$108,000
EXPLANATION:	<u>.</u>						
Transfer from pro	oject#406713 to proje	ct#200717					
						ARD OF COUNTY COMMISSIONERS COUNTY, FLORIDA	
						Chair	

BA NO: \_\_\_\_\_\_ AUTH CODE: \_\_\_\_\_ TRANS DATE: \_\_\_\_\_