

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: Transportation Cap Imp DATE: 02/18/20 BATCH NO. _____

FISCAL YEAR: FY19-20 FUND #: 30700 DOC TYPE: YB LEDGER TYPE BA

TO: Transportation Cap Imp Esterio Crescent Signal
(DIVISION NAME) (PROGRAM NAME)

<u>ACCOUNT NUMBER</u>	<u>OBJECT NAME</u>	<u>DEBIT</u>
20071730700.506540	Improvement Construction	\$108,000

TOTAL TO: \$108,000

FROM: Transportation Cap Imp Intersection Improvements
(DIVISION NAME) (PROGRAM NAME)

<u>ACCOUNT NUMBER</u>	<u>OBJECT NAME</u>	<u>CREDIT</u>
40671330700.503490	Other Contracted Services	\$108,000

TOTAL FROM: \$108,000

EXPLANATION:

Transfer from project#406713 to project#200717

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA


Chair

BA NO: _____ AUTH CODE: _____ TRANS DATE: _____