2024-R-		BU	DGET A	MEND	MENT REQUEST		BAR#	24-082
TO: Seminole County Board of Co					y Commissioners			
							RM Reco	mmendation
FROM:		Department of Resource Management					S.CARRICK Budget Analyst	<b>9/20/2024</b> Date
SUBJECT	<b>:</b>	Budget Amendment Resolution						
		Dept / Prog	ıram:	HUMAN I	RESOURCES/BENEFITS		Budget Director	Date
		Fund(s):		HEALTH	INSURANCE FUND		RM Director	Date
PURPOSE TO PROV		DITIONAL F	UNDING F	OR HEALT	TH INSURANCE CLAIMS.			
ACTION:	Арр	roval and au	ıthorization 1	for the Cha	airman to execute Budget Am	nendment Re	esolution.	
In accordance with Section 129.06(2), Florida Statutes, it is recommended that the following accounts in the County budget be adjusted by the amounts set forth herein for the purpose described.  Business Object Sub-  Long Item								
Type	Fund	Unit	Account	sidiary	Account Type	Subledger	No	Amount
Revenue					, , , , , , , , , , , , , , , , , , ,		-	
Revenue								
Revenue								
Revenue								
						Tota	I Sources	-
Expenditure	50300	010520	530451		BOCC INSURANCE CLAIMS		4519999901	2,750,000.00
Expenditure								
Expenditure								
Expenditure								
Expenditure Expenditure								
Expenditure								
Expenditure								
						Expe	nditure Sub-Total	2,750,000.00
Reserve	50300	999926	599998		RESERVE FOR CONTINGENCIES		9989999901	(2,750,000.00)
Reserve						F	Reserve Sub-Total	(2,750,000.00)
						1	otal Uses	-
			В	UDGET A	MENDMENT RESOLUTION	ON		
of the Boa			approving	g the abov	e requested budget amendm County, Florida	ent, was add		
meeting.					5			
Attest:					Ву:			
Grant Male Commission	-	k to the Boa	rd of County	y	Jay Zembower, Chairman			
Date:			_		Date:	_		
Entered by the Management and Budget Office							_ Date:	_

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

Posted by the County Comptroller's Office