Rev. 07/26/2024

## MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

07/23/2025	
Data	

TO:	MARION COUNT	Y BOARD OF COUNTY COMMISSIONERS		Date
FROM:	Katri	na Neumann, Budget / Finance Commander		
	(Name and Title of	Department / Agency Head or Authorized Representative)	•	
Requesting th	ne following transfer of	funds within the		
	1010	FINE AND FORFEITURE FUND	1	
SOURCES C	Fund Number	Fund Name	1	
	Account Number	Cost Center Name Account Name	Αľ	MOUNT
118	590101	SHERIFF REGULAR - TRANSFER NON - OPERATING - MCSD	\$	48,636
		TOTAL	\$	48,636
USES OF FU Cost Center		Cost Center Name Account Name	AMOUNT	
118	530101	SHERIFF REGULAR - TRANSFER OPERATING EXPENSES - MCSD	\$	48,636
		TOTAL	\$	48,636
PURPOSE O	F REQUEST:			
		transfer contingency funds to operating expenses in the Regu		
		yed in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedulers. Deadlines may be shortened due to the holidays or other scheduling conflicts.	aled Tue	sday
Sheriff	Office Reference Num	nber : REGULAR #10		