MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

04/13/2022

TO:	MARION COU	NTY BOARD OF COUNTY COMMISSIONERS		Date
FROM:		Jeremiah Powell, CPA, Fiscal Director		
	(Name and Title	of Department / Agency Head or Authorized Representative)	•	
Requesting the following transfer of funds			ī	
	0010 Fund Number	GENERAL FUND Fund Name	j	
SOURCES O		i unu ivanie		
Cost Center		Cost Center Name	Al	MOUNT
		Account Name SHERIFF EMERGENCY MGMT TR		
117	560101	CAPITAL OUTLAY - MCSD	\$	19,005
	W. I.D. O.	TOTAL	\$	19,005
USES OF FUNDS:		Cost Center Name		
Cost Center	Account Number	Account Name	AMOUNT	
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$	19,005
		TOTAL	\$	19,005
PURPOSE O	F REQUEST:			
_	funds between ca Grant # 823 EMP	tegories to increase operational budget due to a shift in needs. Pa	let rac	ks for
warenouse.	GIAIIL# 023 EIVIP	A		
Budget amendme	ent requests must be rea	ceived in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedule	d Tuesd	av meetings of
		adlines may be shortened due to the holidays or other scheduling conflicts.		.,comiga 01
Sheriff	Office Reference N	lumber : EM #13		