Rev. 11/21/2023

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/17/2025	
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то:	MARION COU	NTY BOARD OF COUNTY COMMISSIONERS		Jale
FROM:	Ka	atrina Neumann, Budget / Finance Commander		
	(Name and Title	of Department / Agency Head or Authorized Representative)	=	
Requesting th	e following transfer	of funds within the	_	
	1110	MSTU FOR LAW ENFORCEMENT		
SOURCES O	Fund Number F FUNDS:	Fund Name		
Cost Center	Account Number	Cost Center Name Account Name	AM	IOUNT
120	331287	SHERIFF PATROL CID - TR INTERNET CRIMES AGAINST CHILDREN	\$	1,464
		TOTAL	\$	1,464
USES OF FU		Cost Center Name		
Cost Center	Account Number	Account Name	AMOUNT	
120	530101	SHERIFF PATROL CID - TR OPERATING EXPENSES - MCSD	\$	1,464
		TOTAL	\$	1,464
PURPOSE O	F REQUEST:			
Requesting I received.	oack FY 24/25 FD	DLE ICAC funds. These funds will be reimbursed to the BOCC as t	ney are	
the Board of Cou		seived in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedule addines may be shortened due to the holidays or other scheduling conflicts.	d Tuesda <u>y</u>	y meetings of