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

07/18/2024

Date

TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS

FROM:

Jeremiah Powell, CPA, Fiscal Director

(Name and Title of Department / Agency Head or Authorized Representative)

Requesting the following transfer of funds within the

	1010	FINE AND FORFEITURE FUND		
	Fund Number	Fund Name		
SOURCES O	F FUNDS:			
Cost Center	Account Number	Cost Center Name Account Name	A	MOUNT
119	590101	SHERIFF BAILIFF - TRANSFER NON - OPERATING - MCSD	\$	12,234
		TOTAL	\$	12,234

USES OF FU	NDS:					
Cost Center	Center Account Number		Number Cost Center Name Account Name Account Name		AMOUNT	
119	530101		SHERIFF BAILIFF - TRANSFER OPERATING EXPENSES - MCSD	\$	12,234	
			TOTAL	\$	12,234	

PURPOSE OF REQUEST:

The purpose of this	s request is to transfe	⁻ contingency funds t	o operating expense	es in the Bailiff budget.
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Budget amendment requests must be received in the Budget Office before 10:00 A.M. on the Monday preceding regularly scheduled Tuesday meetings of the Board of County Commissioners. Deadlines may be shortened due to the holidays or other scheduling conflicts.