MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

01/09/2025	
Data	

				Date
TO:	MARION COU	NTY BOARD OF COUNTY COMMISSIONERS		
FROM:	Katrina Neumann, Budget / Finance Commander			
	(Name and Title	of Department / Agency Head or Authorized Representative)	-	
Requesting th	ne following transfer	of funds within the		
	1110	MSTU FOR LAW ENFORCEMENT]	
	Fund Number	Fund Name	1	
SOURCES O	F FUNDS:			
Cost Center	Account Number	Cost Center Name Account Name	А	MOUNT
120	364041	SHERIFF PATROL CID - TR SALE OF SURPLUS EQUIPMENT	\$	20,700
120	364080	SHERIFF PATROL CID - TR INSURANCE PROCEEDS - AUTOMOTIVE		26,914
120	369910	SHERIFF PATROL CID - TR OTHER		836
USES OF FU	NDS:	TOTAL	\$	48,450
	Account Number	Cost Center Name Account Name	AMOUNT	
120	560101	SHERIFF PATROL CID - TR CAPITAL OUTLAY - MCSD	\$	48,450
		TOTAL		40.450
		TOTAL	\$	48,450
PURPOSE O	F REQUEST:			
medical fees	s refunded, and w			
		sceived in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedussioners. Deadlines may be shortened due to the holidays or other scheduling conflicts.	uled Tue	esday

MSTU #14

Sheriff Office Reference Number :