

# MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

02/13/2026

Date

**TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS**

**FROM:** Katrina Neumann, Budget / Finance Commander

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

Requesting the following transfer of funds within the

0010	GENERAL FUND
Fund Number	Fund Name

**SOURCES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	337520	SHERIFF EMERGENCY MGMT TR DISASTER RELIEF - OTHER	\$ 75,877
117	364080	SHERIFF EMERGENCY MGMT TR INSURANCE PROCEEDS - AUTOMOTIVE	395
<b>TOTAL</b>			<b>\$ 76,272</b>

**USES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	560101	SHERIFF EMERGENCY MGMT TR CAPITAL OUTLAY - MCSD	\$ 76,272
<b>TOTAL</b>			<b>\$ 76,272</b>

**PURPOSE OF REQUEST:**

The purpose of this request is to add funds to the Emergency Management budget from Mutual Aid Helene and insurance proceeds.

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.

Sheriff Office Reference Number :	EM #9
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