

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

01/10/2025

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

1110	MSTU FOR LAW ENFORCEMENT
Fund Number	Fund Name

**SOURCES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
120	331271	SHERIFF PATROL CID - TR DRUG FREE COMMUNITIES PROGRAM	\$ 6,000
<b>TOTAL</b>			<b>\$ 6,000</b>

**USES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
120	510101	SHERIFF PATROL CID - TR PERSONNEL SERVICES - MCSD	\$ 6,000
<b>TOTAL</b>			<b>\$ 6,000</b>

**PURPOSE OF REQUEST:**

The purpose of this request is to add funds from the Drug Free Communities program to the MSTU budget. These funds will be reimbursed to the BOCC as they are received.

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 :	MSTU #15
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