MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

07	/28	/2025	

TO:	MARION COUNT	ı	Date	
FROM:	Katı			
	(Name and Title of	Department / Agency Head or Authorized Representative)	-	
Requesting th	ne following transfer o	f funds within the		
rtequesting ti	1110	MSTU FOR LAW ENFORCEMENT	7	
	Fund Number	Fund Name		
SOURCES O				
	Account Number	Cost Center Name	AMOUNT	
120	337235	Account Name SHERIFF PATROL CID - TR HVE IPTM	\$	8,000
		TIVE II TIVI		
		TOTAL	\$	8,000
USES OF FU	NDS:			
Cost Center	Account Number	Cost Center Name Account Name	AMOUNT	
120	510101	SHERIFF PATROL CID - TR PERSONNEL SERVICES - MCSD	\$	8,000
		TOTAL	Φ.	9,000
		TOTAL	\$	8,000
PURPOSE O	F REQUEST:			
	•	add funds from the 25/26 High Visibility Enforcement grant to the bursed to the BOCC as they are received.	he MST	'U
		ved in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedule nes may be shortened due to the holidays or other scheduling conflicts.	ed Tuesda	y meetings of
Sheriff	Office Reference Nur	mber: MSTU #34		