MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/30/2025	
Data	

TO:	MARION COU	NTY BOARD OF COUNTY COMMISSIONERS	Е	Date
FROM:	Ka	atrina Neumann, Budget / Finance Commander		
	(Name and Title	of Department / Agency Head or Authorized Representative)	-	
Requesting th	ne following transfer		T	
	1110 Fund Number	MSTU FOR LAW ENFORCEMENT Fund Name	1	
SOURCES O	F FUNDS:			
Cost Center	Account Number	Cost Center Name Account Name	AM	IOUNT
120	331271	SHERIFF PATROL CID - TR DRUG FREE COMMUNITIES PROGRAM	\$	5,000
		TOTAL	\$	5,000
USES OF FU	NDS:	101712	ΙΨ	0,000
Cost Center	Account Number	Cost Center Name Account Name	AMOUNT	
120	510101	SHERIFF PATROL CID - TR PERSONNEL SERVICES - MCSD	\$	5,000
			 	
		TOTAL	\$	5,000
PURPOSE O	F REQUEST:			
MSTU budge	et. These funds w	to add funds from the 25/26 Drug Free Communities Partnership fill be reimbursed to the BOCC as they are received.		
the Board of Cou	inty Commissioners. Dea	adlines may be shortened due to the holidays or other scheduling conflicts.		

MSTU #8

Sheriff Office Reference Number :