Rev. 11/21/2023

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

07/18/2024	
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TO:	MARION COUN	ITY BOARD OF COUNTY COMMISSIONERS		Date
FROM:		Jeremiah Powell, CPA, Fiscal Director		
	(Name and Title of	of Department / Agency Head or Authorized Representative)	-	
Requesting th	e following transfer	of funds within the	_	
	1010	FINE AND FORFEITURE FUND		
SOURCES O	Fund Number F FUNDS:	Fund Name		
Cost Center	Account Number	Cost Center Name Account Name	1A	MOUNT
118	590101	SHERIFF REGULAR - TRANSFER  NON - OPERATING - MCSD	\$	48,636
		TOTAL	\$	48,636
USES OF FU		Cost Center Name	Т	
Cost Center	Account Number	Account Name	AMOUNT	
118	530101	SHERIFF REGULAR - TRANSFER OPERATING EXPENSES - MCSD	\$	48,636
	L	TOTAL	\$	48,636
PURPOSE O	F REQUEST:			
The purpose	of this request is	to transfer contingency funds to operating expenses in the Regula	ar budç	get.
		eived in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedule dlines may be shortened due to the holidays or other scheduling conflicts.	ed Tuesda	ay meetings of
Sheriff	Office Reference No	ımher : Regular #6		