Rev. 10/31/2022

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/2	5/2024	
)		

TO:	MARION COUNT	Y BOARD OF COUNTY COMMISSIONERS	L	Jate
FROM:	Katr			
	(Name and Title of	Department / Agency Head or Authorized Representative)	-	
Requesting th	ne following transfer of	funds within the		
r toquoomig ti	0010	GENERAL FUND	Ī	
	Fund Number	Fund Name	1	
SOURCES O	F FUNDS:			
	Account Number	Cost Center Name Account Name	AM	OUNT
117	334235	SHERIFF EMERGENCY MGMT TR CIVIL PREPAREDNESS	\$	6,885
		TOTAL	\$	6,885
USES OF FU	NDS:	101712	ΙΨ	0,000
Cost Center		Cost Center Name Account Name	AMOUNT	
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$	6,885
	<u>I</u>	TOTAL	\$	6,885
PURPOSE O	F REQUEST:			
Requesting lireceived.	back FY 24/25 EMP	A grant (24-25) funds.These funds will be reimbursed to the BO	CC as t	:hey are
		ed 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.	d Tuesda	y meetings of
Sheriff	Office Reference Nur	nber: EM #2		