

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

04/04/2024

Date

**TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS**

**FROM:** *Jeremiah Powell, CPA, Fiscal Director*

\_\_\_\_\_  
(Name and Title of Department / Agency Head or Authorized Representative)

Requesting the following transfer of funds within the

0010	GENERAL FUND
Fund Number	Fund Name

**SOURCES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	364080	SHERIFF EMERGENCY MGMT TR INSURANCE PROCEEDS - AUTOMOTIVE	\$ 319
<b>TOTAL</b>			<b>\$ 319</b>

**USES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	560101	SHERIFF EMERGENCY MGMT TR CAPITAL OUTLAY - MCSD	\$ 319
<b>TOTAL</b>			<b>\$ 319</b>

**PURPOSE OF REQUEST:**

The purpose of this request is to add funds to the Emergency Management Budget from insurance proceeds.

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 :	EM #6
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