Rev. 10/31/2022

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

11/05	/2025	
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TO:	MARION COUNTY BOARD OF COUNTY COMMISSIONERS			Date	
FROM:	Katrina Neumann, Budget / Finance Commander				
	(Name and Title of D	-			
Requesting the following transfer of funds within the					
	0010 GENERAL FUND		1		
SOURCES C	Fund Number F FUNDS:	Fund Name			
Cost Center	Account Number	Cost Center Name Account Name	AN	MOUNT	
117	331216	SHERIFF EMERGENCY MGMT TR CITIZENS CORPS /CERT	\$	10,000	
		TOTAL	\$	10,000	
	SES OF FUNDS: Cost Center Name				
Cost Center	Account Number	Account Name	A۱	MOUNT	
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$	10,000	
		TOTAL	\$	10,000	
PURPOSE O	F REQUEST:				
Program to	the EM budget. These	dd funds from the FY 25/26 Community Emergency Response funds will be reimbursed to the BOCC as they are received. in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedules may be shortened due to the holidays or other scheduling conflicts.			
Sheriff	Office Reference Numb	er: EM #7			