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

10/29/2024	
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то.	MADION COUN	TV DOADD OF COUNTY COMMISSIONEDS		Date	
TO:	MARION COUN	TY BOARD OF COUNTY COMMISSIONERS			
FROM:	Ka	trina Neumann, Budget / Finance Commander			
	(Name and Title of Department / Agency Head or Authorized Representative)				
Requesting the following transfer of funds within the					
	1010 Fund Number	FINE AND FORFEITURE FUND Fund Name	1		
SOURCES O		i unu Name			
	Account Number	Cost Center Name	Al	MOUNT	
		Account Name SHERIFF REGULAR - TRANSFER	\$		
118	364041	SALE OF SURPLUS EQUIPMENT SHERIFF REGULAR - TRANSFER	Ф	1,290	
118	364080	INSURANCE PROCEEDS - AUTOMOTIVE		9,820	
			1		
		TOTAL	Φ.	44.440	
USES OF FU	NDS:	TOTAL	\$	11,110	
Cost Center		Cost Center Name	AMOUNT		
		Account Name SHERIFF REGULAR - TRANSFER			
118	560101	CAPITAL OUTLAY - MCSD	\$	11,110	
		TOTAL		44.440	
		TOTAL	\$	11,110	
PURPOSE OF REQUEST:					
The purpose of this request is to add funds to the Regular budget from insurance proceeds, miscellaneous					
equipment and vehicles sold and recyled pallets.					
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.					

Regular #1

Sheriff Office Reference Number :