Rev. 07/26/2024

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/17/2025	
Data	

TO:	MARION COUN	NTY BOARD OF COUNTY COMMISSIONERS	L	Jate
FROM:	Ka	trina Neumann, Budget / Finance Commander		
	(Name and Title	of Department / Agency Head or Authorized Representative)	_	
Danisation t	-	of founds within the		
Requesting ti	ne following transfer		7	
	1010 Fund Number	FINE AND FORFEITURE FUND Fund Name		
SOURCES C		r and rame		
	Account Number	Cost Center Name	AM	IOUNT
		Account Name SHERIFF BAILIFF - TRANSFER		
119	337520	DISASTER RELIEF - OTHER	\$	122
		TOTAL	\$	122
USES OF FL	INDS:			
Cost Center	Account Number	Cost Center Name Account Name	AMOUNT	
119	560101	SHERIFF BAILIFF - TRANSFER CAPITAL OUTLAY - MCSD	\$	122
		TOTAL	<u></u>	100
		TOTAL	\$	122
PURPOSE C	F REQUEST:			
The purpose	e of this request is	s to add funds to the Bailiff budget from Project 005 Hurricane M	ilton.	
-		ceived in the Budget Office before 10:00 A.M. on the Monday preceding regularly sche ssioners. Deadlines may be shortened due to the holidays or other scheduling conflicts.	duled Tueso	day
Sheriff	Office Reference N	umber : BAILIFF #1		