

# MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

05/30/2025

Date

**TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS**
**FROM: Katrina Neumann, Budget / Finance Commander**

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

Requesting the following transfer of funds within the

1010	FINE AND FORFEITURE FUND
Fund Number	Fund Name

**SOURCES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
118	364080	SHERIFF REGULAR - TRANSFER INSURANCE PROCEEDS - AUTOMOTIVE	\$ 1,675
TOTAL			\$ 1,675

**USES OF FUNDS:**

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
118	560101	SHERIFF REGULAR - TRANSFER CAPITAL OUTLAY - MCSD	\$ 1,675
TOTAL			\$ 1,675

**PURPOSE OF REQUEST:**

The purpose of this request is to add funds to the Regular 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 :

REGULAR #7