

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

07/23/2025

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
119	590101	SHERIFF BAILIFF - TRANSFER NON - OPERATING - MCSD	\$ 12,234
TOTAL			\$ 12,234

USES OF FUNDS:

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
119	560101	SHERIFF BAILIFF - TRANSFER CAPITAL OUTLAY - MCSD	\$ 12,234
TOTAL			\$ 12,234

PURPOSE OF REQUEST:

The purpose of this request is to transfer contingency funds to capital outlay expenses in the Bailiff Budget.

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 :

BAILIFF #1