Rev. 07/26/2024

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

05/02/2025	
D-4-	

TO:	MARION COUNT	TY BOARD OF COUNTY COMMISSIONERS		Date
FROM:	Katı	rina Neumann, Budget / Finance Commander		
	(Name and Title of	f Department / Agency Head or Authorized Representative)	_	
	•			
Requesting th	ne following transfer o		_	
	1010	FINE AND FORFEITURE FUND		
SOURCES O	Fund Number	Fund Name		
	Account Number	Cost Center Name	AN	MOUNT
118	364041	Account Name SHERIFF REGULAR - TRANSFER SALE OF SURPLUS EQUIPMENT	\$	190
118	364080	SHERIFF REGULAR - TRANSFER INSURANCE PROCEEDS - AUTOMOTIVE		3,398
		TOTAL	\$	3,588
USES OF FU		Cost Center Name	$\overline{}$	_
Cost Center	Account Number	Account Name	AMOUNT	
118	560101	SHERIFF REGULAR - TRANSFER CAPITAL OUTLAY - MCSD	\$	3,588
			+	
			+	
			+	
	•	TOTAL	\$	3,588
PURPOSE O	F REQUEST:			
The purpose	e of this request is to	o add funds to the Regular budget from insurance proceeds an	d pallets	s sold.
-	•	ived in the Budget Office before 10:00 A.M. on the Monday preceding regularly scher ioners. Deadlines may be shortened due to the holidays or other scheduling conflicts.	seuT belut	day
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Sheriff	Office Reference Nur	mber: REGULAR #6		