Rev. 07/21/2026

MARION COUNTY BOARD OF COUNTY COMMISSIONERS
BUDGET AMENDMENT REQUEST FORM

07/23/2026
Date

TO: **MARION COUNTY BOARD OF COUNTY COMMISSIONERS**

FROM: *Jeremiah Powell / Budget/Finance CFO*

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

Requesting the following transfer of funds within the

0010	GENERAL FUND
Fund Number	Fund Name

SOURCES OF FUNDS:

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	590101	SHERIFF EMERGENCY MGMT TR NON - OPERATING - MCSD	$ 3,266
		TOTAL	$ 3,266

USES OF FUNDS:

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	560101	SHERIFF EMERGENCY MGMT TR CAPITAL OUTLAY - MCSD	$ 3,266
		TOTAL	$ 3,266

PURPOSE OF REQUEST:

The purpose of this request is to transfer contingency funds to capital outlay expenses in the Emergency Managment 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 :	EM #12