MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

11/07/2024

TO:	MARION COUNTY	BOARD OF COUNTY COMMISSIONERS		Date
FROM:	Katrina Neumann, Budget / Finance Commander			
	(Name and Title of Department / Agency Head or Authorized Representative)			
Requesting th	ne following transfer of fu	nds within the		
	1110	MSTU FOR LAW ENFORCEMENT		
001100500	Fund Number	Fund Name		
SOURCES O		Cost Center Name	1	
Cost Center	Account Number	Account Name	IA.	MOUNT
120	337229	SHERIFF PATROL CID - TR OCDETF PROGRAM	\$	21,740
USES OF FU	NDS:	TOTAL	\$	21,740
Cost Center	Account Number	Cost Center Name		
		Account Name SHERIFF PATROL CID - TR		
120	510101	PERSONNEL SERVICES - MCSD	\$	21,740
		TOTAL	\$	21,740
		·	Ψ	21,740
PURPOSE O	F REQUEST:			
	e of this request is to a to the BOCC as they a	dd funds from the DEA agreement to the MSTU budget. The received.	ese fund	s will be
		in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedularly be shortened due to the holidays or other scheduling conflicts.	ıled Tuesda	ay meetings of

MSTU #9

Sheriff Office Reference Number :