

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

06/02/2026

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	\$ 450
TOTAL			\$ 450

USES OF FUNDS:

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
118	560101	SHERIFF REGULAR - TRANSFER CAPITAL OUTLAY - MCSD	\$ 450
TOTAL			\$ 450

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 #9