Rev. 10/31/2022

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

07/12/2024	

TO:	MARION COUNTY	BOARD OF COUNTY COMMISSIONERS		Date
FROM:	J	eremiah Powell, CPA, Fiscal Director		
	(Name and Title of De	partment / Agency Head or Authorized Representative)	_	
Requesting th	ne following transfer of fur	nds within the		
	0010	GENERAL FUND		
SOURCES C	Fund Number OF FUNDS:	Fund Name		
Cost Center	Account Number	Cost Center Name Account Name	IA.	MOUNT
117	334235	SHERIFF EMERGENCY MGMT TR CIVIL PREPAREDNESS	\$	19,500
		TOTAL	\$	19,500
USES OF FU		Cost Center Name		
Cost Center	Account Number	Account Name	AMOUNT	
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$	19,500
		TOTAL	\$	19,500
PURPOSE O	F REQUEST:			
		ld funds from the 24/25 Emergency Management and Assis ment budget. These funds will be reimbursed to the BOCC		
		n the Budget Office before 10:00 A.M. on the Monday preceding regularly schedumay be shortened due to the holidays or other scheduling conflicts.	uled Tuesda	ay meetings of
Sheriff	Office Reference Numbe	r: EM #8		