

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: March 22, 2013

___ Court ___ Non-Court

From: Sheriff's Office / Mark Sanderson/5109
(Department Name / Contact Name / Phone)

FY ___ Seq. No. ___

Approved by: ___ Date: ___

Budget Account to Receive Budget Amendment: ___ New Existing

Project Code to Receive Amendment: ___ New ___ Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>036-5013-640.65-38</u>	<u>Drug Forfeiture Fund - Lease Vehicles</u>		<u>\$29,500.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>036-0000-251.00-00</u>	<u>Sheriff's Drug Forfeiture Fund</u>		<u>\$29,500.00</u>

FROM Total:	\$29,500.00
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Purpose for Request:

To reallocate funds from Drug Forfeiture Fund for 6 leased vehicles from April 1, 2013 thru September 30, 2013.



 Elected Official / Department Head