

Budget Amendment Request Form

For Budget Office Use Only	
___ Court	___ Non-Court
FY ___	Seq. No. ___
Approved by: ___ Date: ___	

Date of Request: April 4, 2014

From: Sheriff's Office / Earnestine LaBeau
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: ___ New X 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 Vehicle</u>	___	<u>\$29,500.00</u>
TO Total:			\$29,500.00

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

Purpose for Request:

To reallocate funds from Drug Forfeiture Fund for six (6) lease vehicles from April 2014 thru Sept. 30, 2014.



 Elected Official / Department Head