

Budget Amendment Request Form

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

Date of Request: September 19, 2014

From: Animal Services/Misty Brown/ 7293
(Department Name / Contact Name / Phone)

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>507-8302-645.65-83</u>	<u>Spay/Neuter Clinic/Animal Care</u>	_____	<u>\$13,654.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
TO Total:			\$13,654.00

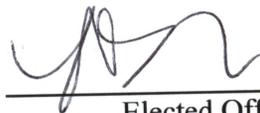
FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-0000-251.00-00</u>	_____	_____	<u>\$13,654.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
FROM Total:			\$13,654.00

Purpose for Request:

Funding from donations received and deposited from August 14 to September 21, 2014 that is needed for the low income spay/neuter clinic.

This is a FY 2015 item.



 Elected Official / Department Head