

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: November 21, 2014

____ Court ____ Non-Court

From: Animal Services/Misty Brown/ 7293

FY ____ Seq. No. ____

(Department Name / Contact Name / Phone)

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>510-8302-645.65-83</u>	<u>Spay/Neuter Clinic/Animal Care</u>	_____	<u>\$12,803.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
TO Total:			<u>\$12,803.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>510-0000-251.00-00</u>	_____	_____	<u>\$12,803.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
FROM Total:			<u>\$12,803.00</u>

Purpose for Request:

Funding from donations received and deposited from November 7, 2014 to November 13, 2014 that is needed for the low income spay/neuter clinic.

Elected Official / Department Head