

## Budget Amendment Request Form

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

Date of Request: March 16, 2015

From: Sheriff's Office/Maj. Mike Anderson/5105  
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: \_\_\_ New      x Existing

Project Code to Receive Amendment: \_\_\_ New      n/a Existing

**TO Account Information:**

Line Item Number	Line Item Description	Project Code	Amount
<u>001-5070-641.49-01</u>	<u>Travel Reimbursement</u>		<u>\$3,000.00</u>

**FROM Account Information:**

Line Item Number	Line Item Description	Project Code	Amount
<u>001-5070-641.6503</u>	<u>Uniforms</u>		<u>\$3,000.00</u>

FROM Total:	<u>\$3,000.00</u>
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**Purpose for Request:**

Transfer deputies are reimbursed for mileage when their personal vehicles are used to travel to and from hospitals when assigned to guard hospitalized inmates. The original budget request for travel reimbursement was reduced and the uniform line was increased by the same amount. This request is to move the original requested funds back to Travel Reimbursement in order to reimburse deputies for personal travel directly related to their assignments.

  
 \_\_\_\_\_  
 Elected Official / Department Head