

## Budget Amendment Request Form

**For Budget Office Use Only**

Date of Request: February 29, 2016

___ Court	___ Non-Court
FY ___	Seq. No. ___
Approved by: ___ Date: ___	

From: Sheriff's Office / Randy Clark  
(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>036-5013-640.65-38</u>	<u>Drug Forfeiture Fund - Lease Vehicle</u>		<u>\$30,000.00</u>
TO Total:			<b>\$30,000.00</b>

**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>\$30,000.00</u>
FROM Total:			<b>\$30,000.00</b>

**Purpose for Request:**

**To reallocate funds from Drug Forfeiture Fund for six (6) lease vehicles through September 30, 2016.**

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