

Budget Amendment Request Form

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

Date of Request: September 27, 2012

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>507-8330-645.40-10</u>	<u>Regular Full Time</u>		<u>\$29,301.00</u>
<u>507-8330-645.42-20</u>	<u>Fica/Medicare</u>		<u>\$2,242.00</u>
<u>507-8330-645.42-30</u>	<u>Emp Insurance Prems</u>		<u>\$9,659.00</u>
<u>507-8330-645.42-35</u>	<u>Long Tern Disability</u>		<u>\$73.00</u>
<u>507-8330-645.42-36</u>	<u>Short Term Disability</u>		<u>\$23.00</u>
<u>507-8330-645.42-37</u>	<u>Long Tern Care</u>		<u>\$180.00</u>
<u>507-8330-645.42-40</u>	<u>Retirement</u>		<u>\$2,491.00</u>
<u>507-8330-645.42-45</u>	<u>Supplemental Death</u>		<u>\$88.00</u>
<u>507-8330-645.42-60</u>	<u>Unemployment Ins</u>		<u>\$29.00</u>
TO Total:			\$44,086.00

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-8301-645.40-10</u>	<u>Regular Full Time</u>		<u>\$29,301.00</u>
<u>507-8301-645.42-20</u>	<u>Fica/Medicare</u>		<u>\$2,242.00</u>
<u>507-8301-645.42-30</u>	<u>Emp Insurance Prems</u>		<u>\$9,659.00</u>
<u>507-8301-645.42-35</u>	<u>Long Tern Disability</u>		<u>\$73.00</u>
<u>507-8301-645.42-36</u>	<u>Short Term Disability</u>		<u>\$23.00</u>
<u>507-8301-645.42-37</u>	<u>Long Tern Care</u>		<u>\$180.00</u>
<u>507-8301-645.42-40</u>	<u>Retirement</u>		<u>\$2,491.00</u>
<u>507-8301-645.42-45</u>	<u>Supplemental Death</u>		<u>\$88.00</u>
<u>507-8301-645.42-60</u>	<u>Unemployment Ins</u>		<u>\$29.00</u>
FROM Total:			\$44,086.00

Purpose for Request:

Request funds be transferred from Animal Shelter FY2013 Budget to Animal Control FY2013 Budget for our new Animal Control Officer position. These funds were put in the wrong budget.