

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: October 3, 2012

___ 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>507-8302-645.65-83</u>	<u>Spay/Neuter Clinic/Animal Care</u>	___	<u>\$5,228.50</u>
TO Total:			\$5,228.50

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-0000-251.00-00</u>			<u>\$5,228.50</u>
FROM Total:			\$5,228.50

Purpose for Request:

Funding from donations received and deposited from September 4 to September 30, 2012 that is needed for the low income spay/neuter clinic.

Elected Official / Department Head