Budget Amendment Request Form

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

Date of Request: **June 20, 2013**

From: **Animal Services/Misty Brown/ 7293**
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New **X** Existing

Project Code to Receive Amendment: _____ New _____ Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
507-8302-645.65-83	**Spay/Neuter Clinic/Animal Care**		**$8,866.49**
		TO Total:	**$8,866.49**

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
507-0000-251.00-00			**$8,866.49**
		FROM Total:	**$8,866.49**

Purpose for Request:

Funding from donations received and deposited from May 11, 2013 to June 5, 2013 that is needed for the low income spay/neuter clinic.

Elected Official / Department Head