

## Budget Amendment Request Form

For Budget Office Use Only

Date of Request: April 17, 2015

From: Sheriff's Office/Michael Anderson  
(Department Name / Contact Name / Phone)

___ Court ___ Non-Court
FY ___ Seq. No. ___
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>036-5013-640.65-38</u>	<u>Drug Forfeiture Fund-Lease Vehicle</u>	_____	<u>\$29,500.00</u>

**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>\$29,500.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FROM Total:	<b>\$29,500.00</b>
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**Purpose for Request:**

To reallocate funds from Drug Forfeiture Fund for six (6) lease vehicles through September 30, 2015.



Elected Official / Department Head