

## Budget Amendment Request Form

**For Budget Office Use Only**

Date of Request: September 30, 2015

\_\_\_ 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>510-8302-645.65-83</u>	<u>Spay/Neuter Clinic/Animal Care</u>		<u>\$13,584.00</u>
TO Total:			<b>\$13,584.00</b>

**FROM Account Information:**

Line Item Number	Line Item Description	Project Code	Amount
<u>510-0000-251.00-00</u>			<u>\$13,584.00</u>
FROM Total:			<b>\$13,584.00</b>

**Purpose for Request:**

Funding from donations received and deposited from August 25, 2015 to September 29, 2015 that is needed for the low income spay/neuter clinic be accepted and transferred.

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