

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: October 8, 2015

___ Court	___ Non-Court
FY ___	Seq. No. ___
Approved by: ___ Date: ___	

From: Sheriff's Office/Lt. Scotty Morrison/5123
(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>036-5013-640.65-32</u>	<u>Drug Forfeiture Fund-Investigative Exp</u>		<u>\$3,995.00</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>\$3,995.00</u>

FROM Total:	\$3,995.00
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Purpose for Request:

To fund upgrade of XRY Logical forensic cellphone examination device.

Elected Official / Department Head