

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 11/6/2024
Parent Fund Impact Fees
Department/Division Impact Fees
BoCC Date 11/19/2024

Request for the following transfer be made for the reason(s) stated:

	Amount FROM	Fund	Cost Center	Account	Project	Area	TBD
	\$ 8,000.00	12253	920524061	5998140	0000000	00	0000000
	\$						

TOTAL	\$ 8,000.00						
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	Amount TO	Fund	Cost Center	Account	Project	Area	TBD
	\$ 8,000.00	12253	920524071	5359000	0000000	00	0000000

TOTAL	\$ 8,000.00						
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JUSTIFICATION (attach additional back-up as necessary)

Correctional Co-Wide impact fee fund transfer from reserves. (One-time \$8,000).

Department/Division Director BoCC 11/19/2024

Recommended or not recommended by BoCC 11/19/2024
(Budget & Management Services) (Date)

Reason

APPROVED / NOT APPROVED

Board of County Commissioners/County Management BoCC 11/19/2024
(Date)

Requesting Department or Division: **FORWARD TO BUDGET & MANAGEMENT SERVICES**