

Budget Amendment Request

FY 22-23

Department: 101-54210

Account: Medical & Dental Services

Type of Amendment: (check one)

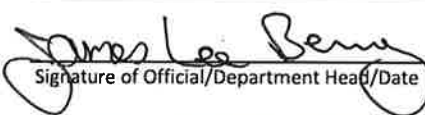
- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-54210-534000-542	Medical & Dental Services	110,293.00
TOTAL			110,293.00

	Account Number	Description	Amount
FROM	101-0-462900-542	Other Public Safety Grants	110,293.00
TOTAL			110,293.00

Explanation: To appropriate awarded mental health transport grant funds.


9/30/22

 Signature of Official/Department Head/Date Signature of County Mayor/Date

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.