

Budget Amendment Request

FY 21-22

Department: General Services (AMR Fines)

Account: 101-51900

Type of Amendment: (check one)

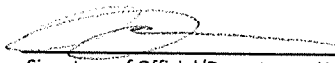
- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary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

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

	Account Number	Description	Amount
TO	101-51900-573500	Health Equipment	179,027.73
TOTAL			179,027.73

	Account Number	Description	Amount
FROM	101-0-489900	Use of Fund Balance	179,027.73
TOTAL			179,027.73

Explanation: To appropriate AMR fees collected through FY20-21 and FY21-22 for disbursement as approved by the BC EMS Board.

 7-1-21
 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.