

Budget Amendment Request

FY 22-23

Department: Register of Deeds

Account: _____

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	101-51600-520700	Health Insurance ER Cost	10,781.50
	101-51600-520800	Dental Insurance ER Cost	347.07
TOTAL			11,128.57

	Account Number	Description	Amount
FROM	101-00000-489900	Fund Balance	11,128.57
TOTAL			11,128.57

Explanation: With new hires electing to take medical and dental coverage where prior employees did not, need to appropriate additional funds to cover medical and dental cost.

Phyllis Lee / 4/27/2023
 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.**