

Budget Amendment Request

FY 19-20

Department: Probation

Account: 101-531910

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	101-53910-531000	Contracts w/ Other Govt. Agencies	13,000.00
TOTAL			13,000.00

	Account Number	Description	Amount
FROM	101-0-489900-0	Other/Use of Fund Balance	13,000.00
TOTAL			13,000.00

Explanation: Re-appropriate unused funds from 18-19 for monitoring to get total to \$50k for EMIF program

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.