

**BUDGET APPROPRIATION INCREASE REQUEST**

Auditor Number \_\_\_\_\_

DEPARTMENT NAME Local Transportation Funds (LTF)/Road

Date: \_\_\_\_\_

I am requesting an increase to my budget appropriates as listed below:

**Check one** ☒ "Previous Year Revenue" ☐ "New Revenue"Funding Source LTF Reserve Funds**\*\*\*Note** General Fund and Public Safety "MUST" use Contingency when increasing budget

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT	FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
507	410081	LTF 1/4 Sales Tax	\$ 188,775.00	507	599003	Intrafund Gen/Operations	\$ 188,775.00
Total Journal			\$ 188,775.00	Total Journal			\$ 188,775.00

TRANSFER APPROVED

Jessica Risko-Gomez 05/14/2025  
 SIGNATURE OF REQUESTING OFFICIAL DATE

\_\_\_\_\_  
AUDITOR\_\_\_\_\_  
DATE\_\_\_\_\_  
BOARD OF SUPERVISORS DATE