

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-17

DEPARTMENT NAME 1073 General Services

Date: December 2, 2024

I am requesting an increase or decrease to my budget appropriations as listed below:

Check one "Previous Year Revenue" "New Revenue"

Funding Source Local Assistance and Tribal Consistency Fund (LATCF)

*****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
1073	4507205	LATCF	\$ 7,200.00	1109	59000	Contingency	\$ 7,200.00
1109	59000	Contingency	\$ 7,200.00	1073	53230	Professional Services	\$ 7,200.00
Total Journal			\$ 14,400.00	Total Journal			\$ 14,400.00

INCREASE /(DECREASE) APPROVED

 12/2/24
SIGNATURE OF REQUESTING OFFICIAL DATE

 Julieanne Manning 12-4-2024
Signer ID: FOYO9AJE12...
AUDITOR DATE

BOARD OF SUPERVISORS DATE