

## BUDGET APPROPRIATION INCREASE REQUEST

DEPARTMENT NAME State Covid Relief/Jail Auditor Number B-20

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

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

Check one ☒ "Previous Year Revenue"☐ "New Revenue"

Funding Source

State COVID Relief funds held in account 106-301166 for the purchase of Black Creek Sallyport and touchscreen maintenance

\*\*\*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                       |
| 106<br>2002             | 301900<br>59000 | Public Safety<br>Contingency | \$ 59,035.03<br>\$ 59,035.03 | 2002<br>2032                | 59000<br>53230 | Contingency<br>Professional/Special Services | \$ 59,035.03<br>\$ 59,035.03 |
| Total Journal           |                 |                              | \$ 118,070.06                | Total Journal               |                |                                              | \$ 118,070.06                |

TRANSFER APPROVED

Julianne Manning

Signature of Auditor

DATE

12-30-2024

SIGNATURE OF REQUESTING OFFICIAL

DATE

BOARD OF SUPERVISORS DATE