

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-3

DEPARTMENT NAME Library

Date: November 5, 2024

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

Check one "Previous Year Revenue" "New Revenue"

Funding Source State Grant for Zip Books

*****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
6021	450620	State Other	\$ 1,527.00	1109	59000	Contingency	\$ 1,527.00
1109	59000	Contingency	\$ 1,527.00	6021	5322023	Printed Library Materials	\$ 1,527.00
Total Journal			\$ 3,054.00	Total Journal			\$ 3,054.00

INCREASE / (DECREASE) APPROVED

Alicia Meyer 10/22/2024

 SIGNATURE OF REQUESTING OFFICIAL DATE

Julianne Manning 10-24-2024

Signer ID: FOY09AJF12...
 AUDITOR DATE

 BOARD OF SUPERVISORS DATE