



INSTRUCTIONS:
ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office pre-approval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Date of Request: 09/23/2019

☐ **Supplemental Budget**
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:		
Account Number	Account Name	Amount
2367-5150-531-410000	Payroll	\$30,833.13
2367-5150-531-421000	Health Life Insurance	\$6,369.66
2367-5150-531-422000	Fica	\$1,609.33
	TOTAL	\$38,812.12

Transfer To / Supplemental Expenditure Accounts:		
Account Number	Account Name	Amount
2367-5200-531-410000	Payroll Cost	\$25,759.24
2367-5200-531-421000	Health Life Insurance	\$12,620.93
2367-5200-531-423000	Retirement	\$431.95
	TOTAL	\$38,812.12

To cover year end payroll deficits.

Signature

9/24/19

Initials: