

Budget Amendment Request Form

County of CHRISTIAN ♦♦♦ State of MISSOURI

2018-6

Date: 12/10/2018

PERSON REQUESTING	TITLE/POSITION	DEPARTMENT
Brad Cole	Sheriff	Sheriff

Item (s) Requested : Appropriation of unanticipated revenues.

Reason for Request: Inmate security fees exceeds budgeted revenues

Amount Requested : \$2,500.00

Source of Funds:
 (Other Rev., Grants, etc..) Inmate Security Fees and Carryforward Balance

Line Item Coverage :
 (Account No(s.)) 212-620-52515

I certify that the items(s) listed above is(are) appropriate and necessary for the operation of this department and that there is sufficient funds to cover the estimated cost.

Signature: Brad Cole

Date: 12/14/18

CERTIFICATION OF AUDITOR

I certify that the expenditure contemplated by this document is within the purpose of the appropriation to which it is to be charged and that there is an unencumbered balance of anticipated revenue appropriated for payment of same.

Amy Dent
Auditor Certification

12/17/18
Date

APPROVAL OF THE CHRISTIAN COUNTY COMMISSION

Date

Presiding Commissioner

Commissioner Eastern District

Commissioner Western District