Budget Amendment Request Form

County of CHRISTIAN ♦♦♦ State of MISSOURI

2017-2

	TITLE/POSITION	DEPARTMENT
Amy Fite	Prosecutor	Prosecutor
em (s) Requested : Appropriat	ion of carry forward funds	
	budgets among the different funds, phone and pos	
EST budget, but did not get added ands are available for the request.	to the final approved budget for Delinquent Taxes	Sufficient carry forward
and are available for the request.		
Amount Requested :	17,000.00	
ource of Funds: Other Rev., Grants, etc)	Carryforward Funds	
ine Item Coverage : Account No(s).)	265-610-52530 - Phone 265-610-53605 - Postage	
•	bove is(are) appropriate and necessary for the	operation of this departmen
certify that the items(s) listed along that there is sufficient funds Signature:		operation of this departmen
Signature: CERTIFICATION OF AUDITOR certify that the expenditure conter	to cover the estimated cost.	Date: <u>/ナ//ナ/20</u> / { / / /
Signature: CERTIFICATION OF AUDITOR certify that the expenditure conter	nplated by this document is within the purpose of	Date: <u>/ナ//ナ/20</u> / { / / /
Signature: CERTIFICATION OF AUDITOR certify that the expenditure conter	nplated by this document is within the purpose of nencumbered balance of anticipated revenue appr	Date: <u>/ナ//ナ/20</u> / { / / /