Budget Adjustment Request Form

County of CHRISTIAN ♦♦♦ State of MISSOURI

2019-

12/10/2018 Date: **PERSON REQUESTING** TITLE/POSITION **DEPARTMENT** Kelly Hall Recorder of Deeds Recorder of Deeds Item (s) Requested: Appropriation of unanticipated revenues **Reason for Request:** Unanticipated revenues in excess of originally budgeted for were received. **Amount Requested:** 1.160.00 Source of Funds: Recorder Fees & Fines (Other Rev., Grants, etc..) 219-800-59510 Line Item Coverage: -288-610-54754nt No(s).) 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: Kelly Hall Date: |2-|1-|8|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. APPROVAL OF THE CHRISTIAN COUNTY COMMISSION Date