

BUDGET AMENDMENT

BUDGET	General Fund	REQUESTED BY	Blake Hart
FISCAL YEAR	FY 2024	DATE	May 06, 2024

INCREASE

Description	_____
Public Safety	_____
Operating Expense	50,000
_____	_____
_____	_____
_____	_____

DECREASE

Description	_____
Economic Development	_____
Payments to Outside Orgs	50,000
_____	_____
_____	_____
_____	_____

Explanation: Transfer to cover increased Medical Examiner Program expenses.

DATE 5/6/2024

APPROVED BY

Bd of Comm/County Manager
Lynn West/Clerk to the Board

FOR POSTING PURPOSES ONLY

DEBIT

Code	Account	Amount	
10114420-5383	Medical Services	50,000	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT

Code	Account		
10116110-5699	Payments to Other Agencies	50,000	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total 50,000

Total 50,000

Prepared By AMR
Posted By _____
Date _____

Number 30