

Update, Prev Owner: SCHONNA, Curr Owner: SCHONNA
Period: 01/26/18 Sorted By: G/L Account

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Account Number	Refer	Description	Job Number	Debits	Credits	Other
001-0112-525-31010	Professional Srv					
001-0112-525-31010	18-54			0.00	0.00	3,100.00 Adjustment
001-0112-525-46030	Repair/Maint-Equipment					
001-0112-525-46030	18-54			0.00	0.00	3,100.00- Adjustment
001-0131-525-49010	Comm/Fees/Cost-Other					
001-0131-525-49010	18-53			0.00	0.00	450.00 Adjustment
001-0131-525-52040	Miscellaneous Supplies					
001-0131-525-52040	18-53			0.00	0.00	450.00- Adjustment
		Fund Total		0.00	0.00	0.00
116-0240-526-31010	Professional Srv					
116-0240-526-31010	18-52			0.00	0.00	3,850.00 Adjustment
116-0240-526-34010	Contract Service-Other					
116-0240-526-34010	18-52			0.00	0.00	3,850.00- Adjustment
		Fund Total		0.00	0.00	0.00
120-0215-522-31010	Professional Srv					
120-0215-522-31010	18-52			0.00	0.00	2,000.00 Adjustment
120-0215-522-34010	Cont Srv - Other					
120-0215-522-34010	18-52			0.00	0.00	2,000.00- Adjustment
		Fund Total		0.00	0.00	0.00
		Grand Total		0.00	0.00	0.00

LEVY BOCC BUDGET AMENDMENT FORM

Email to: LEVYFINANCE@LEVYCLERK.COM

Requesting Department / Office:	0240 EMERGENCY MEDICAL SERV	One-Time or Recurring?
		One-time

Explanation / Description:	EMS Technology Solutions must be paid out of a different G/L account
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SOURCE of Funds and Required APPROVAL level:	Grant Match?
Reducing Expenses (Same Dept, Inter-Category) - Dept Head AND County Coordinator Approval	NO

NOTE: ALL COMMITMENTS RECURRING MULTIPLE FISCAL YEARS REQUIRE BOCC APPROVAL

BOCC Meeting Date (if Necessary)	Approved?
	NO

BUDGET AMENDMENT DETAIL

Account Number	Description	Increase (Decrease)
116-0240-526-31010	Professional Service	\$ 3,850
116-0240-526-34010	Contract Service - Other	\$ (3,850)
120-0215-522-31010	Professional Service	\$ 2,000
120-0215-522-34010	Contract Service - Other	\$ (2,000)

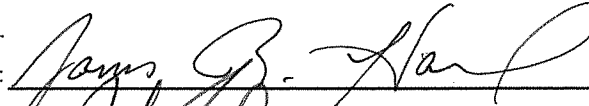
Net Increase (Decrease) in USES: \$ -


ADDITIONAL REVENUES/SOURCES ONLY IN THIS SECTION:

Account Number	Description	Increase (Decrease)
		\$ -

Net Increase (Decrease) in SOURCES: \$ -

DOES BUDGET AMENDMENT BALANCE? YES

DEPARTMENT HEAD: 

COUNTY COORDINATOR: 

CLERK OR FINANCE OFFICER: _____

LEVY BOCC BUDGET AMENDMENT FORM

Email to: LEVYFINANCE@LEVYCLERK.COM

Requesting Department / Office:	0131 EMERGENCY MANAGEMENT	One-Time or Recurring?
		One-time

Explanation / Description:	Increasing 49010 to pay invoice(s)
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SOURCE of Funds and Required APPROVAL level:	Reducing Expenses (Same Dept & Category) - Dept Head Approval	Grant Match?

NOTE: ALL COMMITMENTS RECURRING MULTIPLE FISCAL YEARS REQUIRE BOCC APPROVAL.

BOCC Meeting Date (if Necessary)		Approved?

BUDGET AMENDMENT DETAIL

Account Number	Description		Increase (Decrease)
001-0131-525-49010	Comm/Fees/Cost-Other	\$	450
001-0131-525-52040	Miscellaneous Supplies	\$	(450)

Net Increase (Decrease) in USES: \$ -

ADDITIONAL REVENUES/SOURCES ONLY IN THIS SECTION:

Account Number	Description		Increase (Decrease)
			\$ -

Net Increase (Decrease) in SOURCES: \$ -

DOES BUDGET AMENDMENT BALANCE? YES

DEPARTMENT HEAD: 

COUNTY COORDINATOR: _____

CLERK OR FINANCE OFFICER: _____

LEVY BOCC BUDGET AMENDMENT FORM

Email to: LEVYFINANCE@LEVYCLERK.COM

Requesting Department / Office:	0240 EMERGENCY MEDICAL SERV	One-Time or Recurring? One-time
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Explanation / Description:	Need to move money between lines for the ICOM Renewal Service Agreement	
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SOURCE of Funds and Required APPROVAL level:	Reducing Expenses (Inter-Department) - Dept Head(s) AND County Coordinator Approval	Grant Match? NO
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NOTE: ALL COMMITMENTS RECURRING MULTIPLE FISCAL YEARS REQUIRE BOCC APPROVAL.

BOCC Meeting Date (if Necessary)		Approved? NO
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BUDGET AMENDMENT DETAIL

Account Number	Description	Increase (Decrease)
001-0112-525-31010	Professional Service	\$ 3,100
001-0112-525-46030	Repair/Maint Equipment	\$ (3,100)

Net Increase (Decrease) in USES: \$

ADDITIONAL REVENUES/SOURCES ONLY IN THIS SECTION:

Account Number	Description	Increase (Decrease)
		\$

Net Increase (Decrease) in SOURCES: \$

DOES BUDGET AMENDMENT BALANCE? **YES**

DEPARTMENT HEAD: *James G. Hunt*

COUNTY COORDINATOR: *[Signature]*

CLERK OR FINANCE OFFICER: _____