HERNANDO COUNTY
BUDGET AMENDMENT REQUEST FORM
FY 2025

REVENUE ACCOUNTS:

Account #	Account Name	Present Budget	Decrease	Increase	Amended Budget
					$0
					0
					0
					0
					0
					0
					0
					0
					0
	TOTAL	**$0**	**$0**	**$0**	**$0**

EXPENDITURE ACCOUNTS:

Account #	Account Name	Present Budget	Decrease	Increase	Amended Budget
					$0
0011-02380-5303101	Professional Services	718,156	0	12,335	730,491
0011-05981-5909999	Budget Res/Cash Forward	24,412,798	12,335	0	24,400,463
					0
					0
					0
					0
					0
					0
					0
	TOTAL	**$25,130,954**	**$12,335**	**$12,335**	**$25,130,954**

Justification:
Realign funds from reserves for Medical Examiner incurred costs for Facility.

Department Name: Medical Examiner **Department No.** 02380/05981

APPROVAL SIGNATURES:

Department Head: **Date:**

Budget Officer: Albert Bertron **Date:** 2/27/2025

Legistar # 15613 / Mtg. Date: 3/11/2025

BUDGET OFFICE USE ONLY:
Fund # 0011 Department # 02380/05981 Verified By: JF Date Verified: 02-26-2025 BA2025-059

Revised: 9/20/23