HERNANDO COUNTY
BUDGET AMENDMENT REQUEST FORM
FY 2024

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
3375-02276-5303101	Professional Services	382,633	0	313,129	695,762
3375-02276-5909910	Reserves for Contingencies	2,063,474	313,129	0	1,750,345
	TOTAL	**$2,446,107**	**$313,129**	**$313,129**	**$2,446,107**

Justification: **Architecture & Design Engineering for Station 16**

Department Name: Impact Fee - HCFR **Department No.** 02276

APPROVAL SIGNATURES:

Department Head: **Date:** 5/7/24

Budget Officer: **Date:**

Legistar # / Mtg. Date: LS # Mtg: 13928 5/14/24

BUDGET OFFICE USE
ONLY: Fund # 3375 Department # 02276 Verified By: T.T. Date Verified: 05/07/2024 BA2024-091

Revised: 9/20/23