HERNANDO COUNTY BUDGET AMENDMENT REQUEST FORM FY 2024

REVENUE ACCOUNTS: Account #	Account Name	Present Budget	Decrease	<u>Increase</u>	Amended Budget
<u> </u>			<u>= 00.0000</u>	<u></u>	\$0
					0
					0
					0
					0
					0
					0
					0
					0
	TOTAL	<u>\$0</u>	\$0	\$0	\$0
EXPENDITURE ACCOUNT			_		
Account #	Account Name	Present Budget	<u>Decrease</u>	<u>Increase</u>	Amended Budget
0011 01101 5101000	CALABIEC & MACEC BECLUAD	000.450		00.400	\$0
0011-01401-5101200 0011-01401-5102100	SALARIES & WAGES-REGULAR	608,453		26,468	634,921
0011-01401-5102100	FICA TAXES-MATCHING	46,547		2,025	48,572
0011-01401-5102200	RETIREMENT CONTRIBUTIONS LIFE & HEALTH INSURANCE	107,950		4,816	112,766
0011-01401-5102300		189,017 913		11,621	200,638
0011-01401-5102400	WORKERS COMP PREMIUMS		44.070	40	953 734,781
0011-05961-5909910	Budget Res for Contingno	779,751	44,970		734,781
	TOTAL	\$1,732,631	\$44,970	\$44,970	\$1,732,631
Justification:					
To cover FY24 remaining co	ost for the additional Purchasing Agent II				
Department Name: Purchasing Department			De	epartment No.	01401 & 05981
APPROVAL SIGNATURES):				
Department Head:		D	ate:		
Budget Officer	r:	D	ate:		
Legistar # / Mtg. Date:	13844 3/26/24				

Verified By: T.T.

Date Verified:

3/15/2024 BA2024-079

Fund # 0011 Revised: 9/20/23

BUDGET OFFICE USE ONLY:

Department # 01101,05981