HERNANDO COUNTY
BUDGET AMENDMENT REQUEST FORM
FY 2023

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
0011-01401-5303101	Professional Services	0		34,000	34,000
0011-05981-5909910	Contingencies Reserve	552,838	34,000		518,838
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
	TOTAL	**$552,838**	**$34,000**	**$34,000**	**$552,838**

Justification:
To cover third-pary service expenses.

Department Name: Purchasing Department **Department No.** 01401

APPROVAL SIGNATURES:

Department Head: **Date:**

Budget Officer: **Date:** 2/21/2023

Legistar # / Mtg. Date: 11883 2/28/2023

BUDGET OFFICE USE ONLY:
Fund # 0011 Department # 01401 Verified By: T.T. Date Verified: 02/16/2023 BA2023-047

Revised: 9/20/22