HERNANDO COUNTY BUDGET AMENDMENT REQUEST FORM FY 2023

FY 2023 **REVENUE ACCOUNTS: Account Name Amended Budget** Account # Present Budget **Decrease** <u>Increase</u> \$0 0 0 0 0 0 0 0 0 **TOTAL** \$0 \$0 \$0 \$0 **EXPENDITURE ACCOUNTS:** Account # **Account Name Present Budget Decrease Amended Budget** <u>Increase</u> \$0 0011-01151-5101200 Salaries & Wages-Regular 399,012 50,112 449,124 0011-01151-5102100 FICA Taxes- Matching 30,524 3,834 34,358 0011-01151-5102200 **Retirement Contributions** 58,700 64,669 5,969 0011-01151-5102300 Life & Health Insurance 81,532 10,480 92,012 0011-01151-5102400 Worker's Comp Premiums 638 81 719 0011-05981-5909910 **Budget Res for Contingency** 622,617 70,476 552,141 0 0 0 0 0 0 0 0 0 0 0 **TOTAL** \$1,193,023 \$1,193,023 \$70,476 \$70,476 Justification: Backfill of Grant Writer FY23 position cost in OMB. Department Name: Office of Management and Budget Department No. 01151 **APPROVAL SIGNATURES: Department Head:** Date: **Budget Officer:** Date:

Legistar # / Mtg. Date:	11668 1/24/2023	

BUDGET OFFICE USE ONLY:							
Fund # 0011	Department # 01151	Verified By: T.T.	Date Verified:	1/6/2023	BA2023-027		

Revised: 9/20/22