

Jackson County, Missouri
Budget Adjustment Requests

To: _____Date: _____

From: _____Reason: _____

One Time ExpenditureAnnual Expense to be adjusted in proceeding year's budget

From:Does this include salary funds?

Fund	Cost Center	Spend Category	Amount	Account Balance Before Transfer	Month to Date Total Transfers from this account
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

To:

Fund	Cost Center	Spend Category	Amount	New Acct Yes or No	Month to Date Total Transfers to this account
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Approvals

Please transfer the preceeding funds to cover a line item deficit in the preceeding account(s). Signify approval by entering name in space below.

Department DirectorDirector of Finance and Purchasing

Budget Office Use Only

Fiscal Yr:WD Ref#:

Prepared By:Date:

Approved By:Date:

Administration ApprovalDate: