

REQUEST FOR BUDGET AMENDMENT

Submitted by: Finance

BA Number: _____

JUSTIFICATION FOR ADJUSTMENT:

Four positions requested for SAO - salary, benefits, supplies, and IT costs - only six months for position costs

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	PROJECT NUMBER	REVENUE \$ AMOUNT	EXPENSE \$ AMOUNT
<u>Increase Accounts</u>				
Salary	001-2501-410-0101			175,379
FICA	001-2501-410-0104			13,417
Pension	001-2501-410-0106			19,169
Health	001-2501-410-0108			42,000
WC	001-2501-410-0111			1,789
Equipment - IT	001-1001-410-5161			9,234
Equipment Maint. -IT	001-1001-410-1154			2,506
Software - IT	001-1001-410-0552			4,208
Supplies	001-2501-410-0532			4,000
Equipment - furniture	001-2501-410-5161			20,000
<u>Decrease Accounts</u>				
Commissioner's Emergency Reserve	001-3804-410-4599			291,701
NET INCREASE / DECREASE			\$0	\$0

Elected State's Attorney
 *Approved by Department Head: _____ Date: 1/19/2023
 *If grant related, the Department Head's signature certifies compliance with any grant requirements related to this action.
 Recommended by Chief Financial Officer: *James R. Fin* Date: 1/20/2023
 **Approved by County Commissioners: _____ Date: 1-24-2023
 ** Requires a Completed Request for Appointment Form be Attached
 ^Approved by Chief Financial Officer: _____ Date: _____
 ^ If BA pertains to Finance Department Accounts, must be Approved by County Administrator

FOR FINANCE USE ONLY

Comments:	
	BA Entered: