

LEVY BOCC BUDGET AMENDMENT FORM

Email to: LEVYFINANCE@LEVYCLERK.COM

Requesting Department / Office:	0240 EMERGENCY MEDICAL SERV	One-Time or Recurring?
		One-time
Explanation / Description:	Purchase of ambulances	
SOURCE of Funds and Required APPROVAL level:	Appropriating Reserves (Capital Outlay Reserve) - Approved by BOCC Resolution	Grant Match?
		Approved?
BOCC Meeting Date (if Necessary)		

NOTE: ALL COMMITMENTS RECURRING MULTIPLE FISCAL YEARS REQUIRE BOCC APPROVAL

BUDGET AMENDMENT DETAIL

Account Number	Description	Increase (Decrease)
301-0240-526-64010	Equipment	\$ 602,266
301-9900-519-99060	Uses - Reserve for Capital Outlay	\$ (602,266)
Purchase of ambulances to be accounted for as Interfund Loan to EMS Fund 116, to be repaid at 2.5% for 2 or 3-year term, depending on resources and needs of respective funds at date of purchase. Interest accrual to begin at fund disbursement date. JB 5/23/22		

Net Increase (Decrease) in USES: \$

ADDITIONAL REVENUES/SOURCES ONLY IN THIS SECTION:

Account Number	Description	Increase (Decrease)

Net Increase (Decrease) in SOURCES: \$

DOES BUDGET AMENDMENT BALANCE?

DEPARTMENT HEAD: _____

COUNTY COORDINATOR: _____

CLERK OR FINANCE OFFICER: _____