

Budget Adjustment Request Form

County of CHRISTIAN ♦♦♦ *State of* MISSOURI

Date: 6/5/2025

PERSON REQUESTING**TITLE/POSITION****DEPARTMENT**

Todd Wiesehan

Director/Project Manager

Resource Management

Item (s) Requested : Additional funding for change orders for New Campus

Reason for Request: Additional revenue received

Amount Requested :

See Attached

Source of Funds:

(Other Rev., Grants, etc..)

Addiitonal Revenue

Line Item Coverage :

(Account No(s).)

See Attached

I certify that the items(s) listed above is(are) appropriate and necessary for the operation of this department and that there is sufficient funds to cover the estimated cost.

Signature: _____

Date: _____

CERTIFICATION OF AUDITOR

I certify that the expenditure contemplated by this document is within the purpose of the appropriation to which it is to be charged and that there is an unencumbered balance of anticipated revenue appropriated for payment of same.

Auditor Certification

Date

APPROVAL OF THE CHRISTIAN COUNTY COMMISSION

Date

Presiding Commissioner

Commissioner Eastern District

Commissioner Western District