Budget Adjustment Request Form

County of CHRISTIAN ◆◆◆ *State of* **MISSOURI**

Date: 12/12/2025

PERSON REQUESTING	TITLE/POSITION	DEPARTMENT
Amy Dent	County Auditor	Auditor

Item (s) Requested : Additional Funding for SHF and Prosecutor Transfers

Reason for Request: Access carryforward funds

Amount Requested : $ 354,704.74

Source of Funds:
(Other Rev., Grants, etc..) Carryforward

Line Item Coverage :
(Account No(s).) 250-900-60101 - $247,081.76 250-900-61000 $107,622.98

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