Budget Adjustment Request Form

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

Date: 12/29/2025

PERSON REQUESTING	TITLE/POSITION	DEPARTMENT
Miranda Beadles	Highway Adminstrator	Highway

Item (s) Requested : Additional Transfers to Special Roads

Reason for Request: Additional revenue received

Amount Requested : $ 129,918.92

Source of Funds:
(Other Rev., Grants, etc..) 222-43354: 403,804.80

Line Item Coverage :
unt No(s).) 222-610-59504 : 68,577.61 222-800-59501: 6900.58 222-800-59502: 17,232.33 222-800-59503: 37,208.40

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:** 1·5·26

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.

_____ 1/5/26
Auditor Certification — Date

APPROVAL OF THE CHRISTIAN COUNTY COMMISSION 1-8-26
Date

_____ _____ _____
Presiding Commissioner — Commissioner Eastern District — Commissioner Western District