

Board of County Commissioners



REDUCTION TO THE APPROPRIATIONS

(Total appropriation level for the fund decreases)

Date:

Submitted by:

Office/Department:

EXPENSE CODE	EXPENSE CODE DESCRIPTION	AMOUNT
1001-01-990-502000	County-Supplies	\$200.00

Rationale:

--

Amend Certificate of Estimated Resources?

Yes

No

(If yes, please submit the appropriate form along with this request.)

Signature of Approving Authority: _____

For use by the Commissioners' Office:

Resolution Number: _____

Date: _____