## **Additional Appropriation Request - 2011**

| Date:                                 |                               |                                |
|---------------------------------------|-------------------------------|--------------------------------|
| County Council Meeting                | Date:                         |                                |
| Date Appropriation Appr               | oved by County Commissioners: |                                |
| Departmental Budget: _                |                               |                                |
| Account Name                          | Line Number                   | <b><u>Requested Amount</u></b> |
|                                       |                               |                                |
|                                       |                               |                                |
|                                       |                               |                                |
|                                       |                               |                                |
| <b>Balance of Appropriation at th</b> | e date of this request:       |                                |

**Explain reason for request:** (\*include explanation of Appropriation balance if any):

**Signature and Title** 

Instructions:

Return request to County Auditor. Do not send a copy to members of the county council. Only one request per sheet.