

Supplemental Appropriation Request

Auditor's Number:

Date: _____

TO: Geauga County Board of County Commissioners

From: _____
Department

Dept Head Signature

Fund: _____
Fund Code

Fund Name

Comments: _____

(attach necessary documentation to substantiate request)

Current Certified
 Unappropriated Balance _____ (From Fund Summary Screen)
 Less _____

Supplemental Amount _____
 Equals _____

Remaining Certified
 Unappropriated Balance _____

| Acct # | EXPENSE ACCOUNT(S) Account Name | Approp. Now* | + | Suppl. Amt | = | New Approp. |
|---------------------------|------------------------------------|--------------|---|------------|---|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Supplemental | | | | | | |

* From G/L Account Inquiry Screen - Exclude Prior Year

The Geauga County Board of Commissioners hereby approves the above request for supplemental appropriation in action by motion in their session on _____, Journal No. _____.

 Clerk, Geauga Co. Bd. of Commissioners

Original: County Auditor
 Copy: Commissioners
 Copy: Above Department

Original and 2 copies required

Revised: 8/2/17