

STOREY COUNTY

BUDGET REQUEST & CHANGE FORM # 040-F

| | |
|---|--|
| Date: Name: Title: Department: | Budget Year (Fiscal): Name of Requestor: Vehicle Plate No: Incident Name: |
|---|--|

| | | | |
|--------------------------|--------------------------|-------------------|--------------------------|
| Budgeted Item | Grant Item | Grant Name/Number | Budget Change Request |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

| QTY | BUDGET - ITEM DESCRIPTION | UNIT PRICE | TOTAL |
|--------------------------------|---------------------------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL AMOUNT OF REQUEST | | | \$ |

| | | | |
|---------------|---|---------------------------------------|--------------------------------|
| **NOTE | Attach vendor information: Company Name, Address and Phone Number | Attach vendor information with quote. | If more than one quote attach. |
|---------------|---|---------------------------------------|--------------------------------|

| CURRENT BUDGET AMOUNT | ADJUSTED BUDGET AMOUNT | LINE ITEMS DESCRIPTION | ACCOUNT NUMBER | AMOUNT REQUEST |
|-----------------------|------------------------|------------------------|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |

DETAILED DESCRIPTION OF REQUEST:

| | |
|---|---|
| | |
| DEPARTMENT HEAD SIGNATURE | DATE SIGNED |
| Comptroller Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: | Co. Manager Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: |
| COMPROLLER SIGNATURE | CO. MANAGER SIGNATURE |