

**PULASKI COUNTY COUNCIL
REQUEST FOR ADDITIONAL APPROPRIATION OR APPROPRIATION TRANSFER**

Department: _____ Dept # _____ Date: _____

Fund Number: _____ Fund Name: _____

TRANSFER REQUEST:

Budget Line # Budget Line Name Amount

From:

To:

ADDITIONAL REQUEST:

Budget Line # Budget Line Name Amount

EXPLANATION:

Department Head: _____ **Date:** _____

Return completed form to the Auditor's Office by 4:00pm on the Monday preceding the Monday of the next Council meeting. Requests received after the deadline will be placed on the following month's agenda.