









## LFUCG Budget Amendment Request Form

<b>Requester:</b> Moore,Celia E	<b>Date:</b> 01/25/2021	<b>Status:</b> Pending Approval	<b>Amend Nbr:</b> 10963
---------------------------------	-------------------------	---------------------------------	-------------------------

**Business Unit:** LFUCG      **Journal Date:** 01/25/2021      **Budget Period:** 2021      **Bid:**       **Admin Review:**

**Personnel, Operating & Capital Accounts**      [Personalize](#) | [Find](#) | [View 3](#) |  |       First  1-4 of 4  Last

Fund	Dept ID	Section	Account	Description	Amount	Division	Department	Journal ID
1 3140	505501	5511	63155	OT F & P-Unsch Not Pen Eligibl	38,800.26	CSCHNELL	KARMSTRO	
2 3140	505501	5511	63622	Unemployment Insurance	75.74	CSCHNELL	KARMSTRO	
3 3140	505501	5511	63624	Medicare Expense	572.00	CSCHNELL	KARMSTRO	
4 3140	112006	0001	71101	Outside Agency Services	49,441.00	ELIZABET	ELIZABET	

**Revenue Accounts**      [Personalize](#) | [Find](#) | [View All](#) |  |       First  1 of 1  Last

Fund	Dept ID	Section	Account	Description	Amount	Division	Department	Journal ID
1 3140	112006	0001	44040	Intergovernmental - State/Oth	88,889.00	ELIZABET	ELIZABET	

▶ **Project/Grant Revenue**

▶ **Project/Grant Expenditures**

**Comments:**

To establish grant budget for ST\_SALES\_2021.

**Net Amend Amt:** 0.00 