

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: General Fund DATE: 11/07/23 BATCH NO. _____

FISCAL YEAR: FY23-24 FUND #: 00100 DOC TYPE: YB LEDGER TYPE BA

TO: Sheriff Sheriff Disbursement
 (DIVISION NAME) (PROGRAM NAME)

ACCOUNT NUMBER	OBJECT NAME	DEBIT
CG5860000100.509176.463	Expenses other than Salaries	\$6,058,650

TOTAL TO: **\$6,058,650**

FROM: Non-Departmental Reserves
 (DIVISION NAME) (PROGRAM NAME)


ACCOUNT NUMBER	OBJECT NAME	CREDIT
GC5890110500.509910	Reserves	\$6,058,650

TOTAL FROM: **\$6,058,650**

EXPLANATION:

Carryover FY22-23 excess reserves to Sheriff FY23-24 budget

**BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA**


 Vice Chair

BA NO: _____ AUTH CODE: _____ TRANS DATE: _____

Approved as to Form for the
Reliance of Lee County Only

By: *Arden Jones*
Office of the County Attorney