

**BOARD OF SUPERVISORS
COUNTY OF MADISON**

PROPOSED SUPPLEMENTAL APPROPRIATION

DATE: 6/23/2020

FY2021

Type of Supplement	
<input type="checkbox"/>	Interdepartmental transfer (same fund)
<input type="checkbox"/>	Interfund transfer
<input type="checkbox"/>	Revenue/Expense offset
<input checked="" type="checkbox"/>	Use of contingency
<input type="checkbox"/>	Other use of fund balance not in original budget

PURPOSE: To supplement County contribution to Madison County Rescue Squad

GL Account Reference	Account type	Fund Name	Department	Object Code/Source	Debit	Credit
10-03-32-32300-5440	Exp	GF	MCRS	Ambulance MOU	25,000.00	
10-09-91-91100-9200	Exp	GF	Contingency reserve	Contingency- genl		25,000.00
					<u>25,000.00</u>	<u>25,000.00</u>

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.