

APPROPRIATION REQUEST FORM
FOR NON-COUNTY GENERAL FUND DEPARTMENTS

REV. AN1-2010

Reason for Appropriation Request: _____

Agency or Department: _____ Requested By: _____

Telephone #: _____ - _____ - _____ Date: _____

Authorized Signature: _____

Please appropriate into:	_____	----- .----- .-----	\$ _____
	Line-item name	Line-item number	
	_____	----- .----- .-----	\$ _____
	Line-item name	Line-item number	
	_____	----- .----- .-----	\$ _____
	Line-item name	Line-item number	
	_____	----- .----- .-----	\$ _____
	Line-item name	Line-item number	
	_____	----- .----- .-----	\$ _____
	Line-item name	Line-item number	
	_____	----- .----- .-----	\$ _____
	Line-item name	Line-item number	

AUDITOR & COMMISSIONERS USE ONLY

Are Unappropriated funds available per Athens County Auditor's Office? YES ___ NO ___

Athens County Commissioners Approval Needed? YES ___ NO ___

Request has been Approved _____ Denied _____ Tabled _____

by the County Commissioners _____
Signature

Explanation of Denial: _____

SUBMIT THIS FORM TO THE COUNTY AUDITOR'S OFFICE