

APPROPRIATION REQUEST FORM
FOR COUNTY GENERAL FUND DEPARTMENTS

REV. AG1-2010

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 ___

Request has been Approved _____ Denied _____ Tabled _____

by the County Commissioners _____
Signature

Explanation of Denial: _____

SUBMIT THIS FORM TO THE COUNTY AUDITOR'S OFFICE