OFFICER'S REQUEST FOR SUPPLEMENTAL APPROPRIATIONS

_____County, Oklahoma

To The Honorable County Excise Board

I,_____, the duly qualified and acting_____ of the County and State aforesaid, do hereby certify that the following is a true and correct report of appropriations and expenditures of this office during the period beginning July 1, 20__and ending _____ 20__ . I further certify that the additional appropriations requested in column 8 are indispensable for the efficient operation of my office for the remainder of this fiscal year, and I certify further that any balances of appropriations in column 6 in excess of the needs to complete the first fiscal year, column 7, are available for cancellation.

_____
Head of Department

By _____
Deputy

Title _____

S.A.&I. 388 (2000) Statement of appropriations, expenditures and balances as of _____ 20__.

| PURPOSE 1. | Original Appropriations 2. | ADJUSTMENTS Added 3. | ADJUSTMENTS Cancelled 4. | Expenditures To Date Caption 5. | Balance On Date In Caption 6. | Needs To Complete Fiscal Year 7. | Additional Appropriations Requested 8. |
|---|---|---|---|---|---|---|---|
| la Personal Services | | | | | | | |
| lb Part Time help | | | | | | | |
| lc Travel Expense | | | | | | | |
| 2 Maintenance & Operation | | | | | | | |
| 3 Capital Outlay | | | | | | | |
| TOTALS | | | | | | | |