DR-404 TC
R. 3/08

TAX COLLECTOR
BUDGET AMENDMENT/TRANSFER

County _____ Request Number _____

Official _____ B/A _____ B/T _____

Budget Year Ending September 30, _____ Date _____

			REQUEST	[redacted]
			Positions _____	[redacted]
			Rate	[redacted]
CATEGORY/LINE ITEM DESCRIPTION	LINE ITEM CODE	JUSTIFICATION	AMOUNT + OR (-)	[redacted]
[redacted]	[redacted]	[redacted]		

OFFICIAL

DEPARTMENT OF REVENUE

DATE

(Approval Pursuant to Section 195.087(2)F.S.)

Excess Fees Use Only	
Original Excess Fees Estimate	$
Current Excess Fees Estimate	$
Amount of this Amendment	$
Remaining Excess Fees	$