



BUDGET AVAILABILITY STATEMENT

PALM BEACH COUNTY

FD&O DEPARTMENT

TO

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept/Div \_\_\_\_\_

FROM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Division \_\_\_\_\_ Date: \_\_\_\_\_

PROJECT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The cost associated with the above described project or equipment is delineated below and on the attached requisition. If you have, any questions, regarding this request please call **Larry Schaner** Fiscal Manager at 233-0222.

VENDORS

	AMOUNT	LABOR	MATERIAL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>		_____	_____

Signing below indicates that you wish to proceed with the above described project and are authorizing the use of the account numbers below as the source for the sums indicated. Please fill in the appropriate budget account number (numbers) and return this form with authorizing signature to **Larry Schaner** Fiscal Manager, FD&O.

ACCOUNT NUMBERS	AMOUNT
_____	_____
_____	_____
_____	_____

AUTHORIZATION \_\_\_\_\_ Date: \_\_\_\_\_