

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2016

Dept: Purchasing

DATE OF REQUEST : 03/30/16

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
	General Fund Reserves	(12,623.45)
		(12,623.45)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-040-5020	Senior Buyer, Buyer, & Clerk	6,975.36
010-040-5120	FICA	533.62
010-040-5130	Hospitalization	4,299.00
010-040-5150	Retirement	774.26
010-040-5170	Workers Compensation	30.74
010-040-5174	Unemployment Compensation	10.47
		12,623.45

Justification for request:

Budget amendment for difference between part-time & full-time position in Purchasing

Signed: _____

Department Head

Signed: _____

David Renken, County Auditor

(Certification of availability of funds in appropriate line items)

NOTE:

IF THE REQUEST IS FOR ACTION OTHER THAN A LINE ITEM TRANSFER WITHIN THE REQUESTING DEPARTMENT'S BUDGET, THE DEPARTMENT HEAD SHALL SIGN THE CERTIFICATION BELOW:

I HAVE THOROUGHLY REVIEWED THE BALANCES IN THE VARIOUS LINE ITEMS IN THE DEPARTMENT BUDGET, COMPARED THESE WITH THE PROJECTED NEEDS FOR THE REMAINDER OF THE BUDGET YEAR, AND DO HEREBY CERTIFY THAT NO FUNDS ARE AVAILABLE WITHIN THE DEPARTMENT BUDGET TO MEET THE NEEDS AS DESCRIBED ABOVE.

Signed: _____

Department Head