# COUNTY OF COMAL
# REQUEST FOR BUDGET AMENDMENT

**BUDGET YEAR:** 2016 **Dept:** Sheriff, CCAL #1 & CCAL #2 **DATE OF REQUEST :** 04/14/16

**FROM:**

| ACCOUNT NUMBER | DESCRIPTION: | AMOUNT: |
|---|---|---|
| 010-001-5681 | County Court at Law #1 - Mental Commitments | (20,000.00) |
| 000-007-5681 | County Court at Law #2 - Mental Commitments | (20,000.00) |
| | | (40,000.00) |

**TO:**

| ACCOUNT NUMBER | DESCRIPTION: | AMOUNT: |
|---|---|---|
| 010-017-5681 | Sheriff - Mental Commitmentments | 40,000.00 |
| | | 40,000.00 |

**Justification for request:**

Amendment to increase line item for additional costs.

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

DRAFT