COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2016 Dept: Tax Assessor DATE OF REQUEST : 05/12/16

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-012-5100	Overtime	(475.00)
		(475.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-012-5305	Copier Lease & Maintenance	475.00

Justification for request:

New Xerox copier machine for our new Bulverde Office

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