COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

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

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
	General Funds	-$20,000.00

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-047-5409	Disposal Costs	$20,000.00

Justification for request:

Transfer to cover price increase from Waste Management

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