

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2016

Dept: Auditor

DATE OF REQUEST : 08/23/16

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.011.5481	Recurring Contracts	(6,000.00)
010.011.5130	Hospitalization	(4,000.00)
		(10,000.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.011.5100	Overtime	10,000.00
		10,000.00

Justification for request:

Line item transfer to increase overtime expenditures to cover budget shortage.

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