

**COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2016

Dept: Sheriff, Jail

DATE OF REQUEST : 10/13/16

**FROM:**

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.017.5130	Sheriff - Hospitalization	(175,000.00)
010.020.5130	Jail - Hospitalization	(125,000.00)
010.020.5320	Sheriff - Fuel, Vehicles & Equipment	(51,600.00)
		(351,600.00)

**TO:**

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.017.5619	Capital Equipment	351,600.00
		351,600.00

**Justification for request:**

Line-item transfer from Sheriff hospitalization and Fuel, Vehicles & Equipment and Jail hospitalization to cover the replacement costs of the Sheriff's Office Radio Console System.

Signed:

  
Department Head

Signed:

  
Jessie Rahe, Interim 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