

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: **2016**

Dept: **Jail**

DATE OF REQUEST : **10/20/16**

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-020-5618	Building Improvements	(23,000.00)
010-020-5335	Medical Services	(57,000.00)
		(80,000.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-020-5433	Extradition Costs	20,000.00
010-020-5337	Physicians Contract / Services	60,000.00
		80,000.00

Justification for request:

Line-item transfer to cover extradition costs and physicians contract for the remainder of the year.

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