COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: **2016** Dept: **Commissioners Court** DATE OF REQUEST **10/21/16**

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-010-5443	Commissioners Court - Travel Pct #3	(237.17)
		(237.17)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-010-5444	Commissioners Court - Travel Pct #4	237.17
		237.17

Justification for request:

Line-item transfer to move money to cover negative balance in Pct. #4 travel line.

Signed: Signed:

Department Head

Jessie Rahe, Interim 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