COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: **2016** Dept: **Indigent Health Care/Comal Care** DATE OF REQUEST **10/27/16**

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
113-213-5205	Office Supplies	(100.00)
		(100.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
113-213-5420	Telephone	100.00
		100.00

Justification for request:

Line-item transfer to move money to cover phone costs for 2016

Signed: Mary Gutierrez
Department Head

Signed: Janice Rake
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: Mary Gutierrez
Department Head

DRAFT