COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2016 **Dept:** Public Health **DATE OF REQUEST:** 10/26/16

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.022.5336	Medical Supplies	(850.00)
		(850.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.022.5614	Non-Capital Equipment	850.00
		850.00

Justification for request:

Line-item transfer to cover the purchase of a vaccine transport cooler.

Signed: Gwen Mills
Department Head

Signed: Jessie Rahe
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

DRAFT