COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2016 **Dept:** Auditor's **DATE OF REQUEST :** 11/02/16

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.011.5001	Elected Officials/Dept Head	(8,000.00)
010.011.5130	Hospitalization	(3,000.00)
		(11,000.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.011.5020	Hourly Personnel	8,000.00
010.011.5614	Non-capital Equipment	2,920.00
010.011.5420	Telephone	80.00
		11,000.00

Justification for request:

Line-item transfer to cover overages and purchase of scanners and printers for First Assistant County Auditor and new A/P clerk.

Signed: _____
Department Head

Signed: Jenie 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