

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2016

Dept: *Public Health*

DATE OF REQUEST : 11/03/16

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.022.5336	Medical Supplies	(1,420.00)
		(1,420.00)

TO:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.022.5538	Medical Waste Disposal	1,420.00
		1,420.00

Justification for request:

Line-item transfers to cover additional Stericycle costs for the remainder of 2016.

Signed:

Brown 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