

**COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2016

Dept: Sheriff

DATE OF REQUEST : 11/03/16

**FROM:**

**ACCOUNT NUMBER**

**DESCRIPTION:**

**AMOUNT:**

010-017-5020

Hourly Personnel

(8,116.63)

**TO:**

**ACCOUNT NUMBER**

**DESCRIPTION:**

**AMOUNT:**

190-017-4350

One Time Grants

Domestic Violence Grant - Cash Match

8,116.63

8,116.63

**Justification for request:**

Line-item transfer from General Fund - Sheriff to Domestic Violence grant for 2016 cash match

Signed:



Department Head

Signed:



County Auditor - Interim

(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