

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2016

Dept: Recycling

DATE OF REQUEST : 11/09/16

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010-047-5501	Equipment Mainenance & Repairs	-\$3,000.00
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ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010-047-5645	Equipment & Supplies	\$3,000.00
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Justification for request:

Transfer to cover costs for the rest of the year.

Signed:

Department Head

Signed:

Janie Rabe
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