COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: **2016** Dept: **Criminal District Attorney** DATE OF REQUEST : **11/10/16**

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-025-5130	Hospitalization	(8,100.00)
		(8,100.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-025-5205	Office Supplies	4,000.00
010-025-5305	Copier Lease & Maintenance	500.00
010-025-5420	Telephone/Aircards	1,000.00
010-025-5440	Continuing Ed/Travel	2,000.00
010-025-5810	Dues	600.00
		8,100.00

Justification for request:

Line-item transfer to cover expenditures the remainder of the year

Signed:

Department Head

Signed: Jessie Rahe

Jessie Rahe, 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