

COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2017

Dept: *Jail*

DATE OF REQUEST : 04/19/17

FROM: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.042.5999	Administrative Costs- <i>Contingency</i>	(250,000.00)
		(250,000.00)

TO: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.020.5665	Housing Prisoners Out of County	250,000.00
		250,000.00

Justification for request:

Increased costs in housing prisoners.

Signed: *[Signature]*

Department Head

Signed: *[Signature]*

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