

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2017

Dept: CCAL #1

DATE OF REQUEST : 04/20/17

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.001.5410

Public Defenders/Attorney Fees

(2,585.00)

TO:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.001.5020

Hourly Personnel

2,500.00

010.001.5170

Workers' Compensation

75.00

010.001.5175

Unemployment Compensation

10.00

2,585.00

Justification for request:

Line item transfer to cover anticipated shortfall in personnel budget to allow for overhire in Court Administrator position.

Signed:

Department Head

Signed:

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