

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2017

Dept: *General, Jail*

DATE OF REQUEST

08/11/17

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.042.5999

Administrative Costs, Contingency

(200,000.00)

TO:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.020.5665

Jail, Housing Prisoners Out of County

200,000.00

200,000.00

Justification for request:

Increased costs in housing of prisoners.

Signed:

Department Head

Signed:

Jessie Rahe

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