COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2018 Dept: *Juvenile Probation* DATE OF REQUEST 03/06/18

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.042.5998	Contingency - Personnel	(660.00)
010.021.5999	Contingency	(1,080.00)
		(1,740.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.021.5118	Cell Phone Allowance	1,740.00
		1,740.00

Justification for request:

Line item transfer to correct department cell phone allowance budget and add additional employees to receive cell phone allowance.

Signed:

Department Head

Signed:

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