

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2018

Dept: CCAL #2

DATE OF REQUEST 07/19/18

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.042.5997	Contingency - Professional Services	(20,000.00)
		(20,000.00)

TO:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.007.5415	Psychiatric Evaluation (Criminal)	10,000.00
010.007.5836	Interpreter	10,000.00
		20,000.00

Justification for request:

To cover anticipated interpreting and psychiatric evaluation costs for remainder of 2018.

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