

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: **2018**

Dept: **Contract Services**

DATE OF REQUEST **07/26/18**

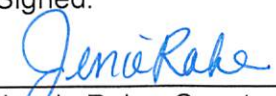
FROM: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.048.5938	Community Council of South Central Texas	(6,600.00)
		(6,600.00)

TO: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.048.5944	Comal County Senior Citizens' Foundation	6,600.00
		6,600.00

Justification for request:

To move funds from an organization that longer participates in the "Texans Feeding Texans: Home Delivered Meal" Grant Program to an organization that is continuing to participate.

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