

**COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2017

Dept: *Department*

DATE OF REQUEST : 07/20/18

**FROM:**

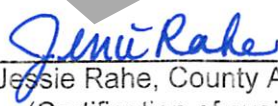
ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-015-5440	Continuing Education & Travel	(12,000.00)
010-015-5487	Hardware Maintenance & Support	(10,000.00)
010-015-5490	Computer Training	(3,500.00)
010-015-5619	Capital Equipment	(5,000.00)
		(30,500.00)

**TO:**

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010-015-5481	Recurring Contracts	18,500.00
010-015-5491	Software & Support	12,000.00
		30,500.00


**Justification for request:**  
*Provide reason for request.*  
 Cover negative balance and expenditures through end of year

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