

COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2018

Dept: Jail

DATE OF REQUEST 08/02/18

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.042.5999

Contingency

(773,400.00)

TO:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.020.5665

Housing Prisoners Out of County

773,400.00

773,400.00

Justification for request:

*Request money from contingency to continue to house 100 inmates per day out of county til 12-31-18*

*This request is based on 100 inmates x \$46.00 x 154 days = \$708,400.00 +\$65,000.00 to cover undetermined medical expenses.*

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