

COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2018

Dept: *Sheriff's Office*

DATE OF REQUEST : 11/07/18

FROM:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.042.5999

Contingency

(7,000.00)

TO:

ACCOUNT NUMBER

DESCRIPTION:

AMOUNT:

010.017.5416

Laboratory Testing and/or Witness Expense

7,000.00

**Justification for request:**

*Line item transfer to cover expenses for the 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