

**COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2018

Dept: *Department*

DATE OF REQUEST 01/02/19

**FROM:**

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.020.5130	Hospitalization	(115,200.00)
010.020.5332	Police Supplies	(9,000.00)
010.020.5333	Emergency Medical	(49,300.00)
010.020.5360	Building/Facilities Maintenance	(59,000.00)
010.020.5503	Live Scan Maintenance Agreement	(10,000.00)
010.042.5999	Contingency	(32,500.00)
		(275,000.00)

**TO:**

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.020.5665	Housing Prisoners Out of County	275,000.00
		275,000.00

**Justification for request:**

*To provide funding to cover the costs for unpaid 2018 expenditures.*

Signed: *Mark W. Reynolds*  
Department Head

Signed: *Jessie Rahe*  
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