

COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2018

Dept: *Human Resources*

DATE OF REQUEST 01/02/19

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.042.5999	Contingency	(100.00)
		(100.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.026.5419	Pre-Employment Background Checks	100.00
		100.00

Justification for request:

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

Signed: _____
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