

**COUNTY OF COMAL
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: 2018

Dept: *Sheriff's Office*

DATE OF REQUEST : 01/09/19

FROM:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.017.5501	Equipment Maintenance	(5,923.00)
		(5,923.00)

TO:

ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
010.017.5478	Maintenance Agreements	2,000.00
010.017.5431	Mobile Data Terminals	3,792.00
010.017.5430	Mobile Phones	131.00
		5,923.00

Justification for request:

To provide funds to cover 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