

**COUNTY OF COMAL  
REQUEST FOR BUDGET AMENDMENT**

BUDGET YEAR: **2019**

Dept: *Sheriff's Office*

DATE OF REQUEST **01/09/19**

FROM: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
083.083.5416	GONE Laboratory & Testing	(700.00)
		(700.00)

TO: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:
083.083.5614	GONE Non-Capital Equipment	700.00
		700.00


**Justification for request:**

*Quote more then budget request (Quote Attached)*

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:

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Department Head