COUNTY OF COMAL REQUEST FOR BUDGET AMENDMENT

BUDGET YEAR: 2019	Dept: Facilities Maintenance	DATE OF REQUEST :	03/07/19
FROM: ACCOUNT NUMBER	DESCRIPTION:	AMOUNT:	
010.042.5996	Contingency - Capital and Non-capital Equipment	_	(8,400.00)
TO: ACCOUNT NUMBER	DESCRIPTION	AMOUN	(8,400.00)
010.016.5618	DESCRIPTION: Building Improvements	AWOUN	8,400.00
		-	
Justification for reques	t:		8,400.00
	installation of ADA access doors for JP#2.		
Signed:	Signed:		
Bourne Bepartment Head	Jessie Rahe, County Auditor	_,	
NOTE:	(Certification of availability of funds in appropriate	e line items)	
IF THE REQUEST IS FOR AC	TION OTHER THAN A LINE ITEM TRANSFER WITHIN THE REQUESTI HE DEPARTMENT HEAD SHALL SIGN THE CERTIFICATION BELOW:		
I HAVE THOROUGHLY RE	VIEWED THE BALANCES IN THE VARIOUS LINE ITEMS IN TH	E	
DEPARTMENT BUDGET,	COMPARED THESE WITH THE PROJECTED NEEDS FOR THE		
REMAINDER OF THE BUD	OGET YEAR, AND DO HEREBY CERTIFY THAT NO FUNDS ARE	E	
AVAILABLE WITHIN THE Signed:	DEPARTMENT BUDGET TO MEET THE NEEDS AS DESCRIBE	D ABOVE.	
Department Head			