Budget Amendment Request Form

For Budget Office Use Only
_____ Court _____ Non-Court
FY _____ Seq. No. _____
Approved by: Date:

Date of Request: **February 11, 2011**

From: JP-1/Shannon Williams/4128
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New **x** Existing

Project Code to Receive Amendment: _____ New **x** Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-1001-411.87.01	**Indigent Civil Filing Fee**		**$404.00**

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-2410-444.91-16	**Education & Conference**		**$404.00**

FROM Total: **$404.00**

Purpose for Request:

To reimburse Indigent Civil Filing Fee Fund

Elected Official / Department Head