

Budget Amendment Request Form

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

Date of Request: September 26, 2013

From: Juvenile Probation/Pam Huffman/6484
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: ___ New Existing

Project Code to Receive Amendment: ___ New ___ Existing

TO Account Information:

| Line Item Number | Line Item Description | Project Code | Amount |
|---------------------------|------------------------|--------------|--------------------|
| <u>001-6401-643.64-14</u> | <u>Hearing Masters</u> | | <u>\$45,000.00</u> |
| | | | |
| | | | |
| | | | |
| TO Total: | | | \$45,000.00 |

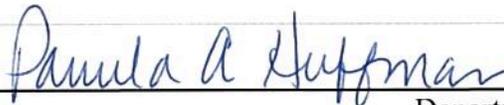
FROM Account Information:

| Line Item Number | Line Item Description | Project Code | Amount |
|---------------------------|-----------------------|--------------|--------------------|
| <u>001-6420-641.61-10</u> | <u>Food Supplies</u> | | <u>\$20,000.00</u> |
| <u>001-6420-641.65-36</u> | <u>Medical Costs</u> | | <u>\$20,000.00</u> |
| <u>001-6420-641.64-23</u> | <u>Lab Services</u> | | <u>\$5,000.00</u> |
| | | | |
| FROM Total: | | | \$45,000.00 |

Purpose for Request:

Need to transfer funds in order cover shortage in Hearing Masters line item.


 Judge Cyndi Wheless 417th District Court


 Department Head