

## Budget Amendment Request Form

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

Date of Request: December 28, 2015

From: DC 199th Judge Angela Tucker  
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment:  X  New          Existing

Project Code to Receive Amendment:  X  New          Existing

**TO Account Information:**

Line Item Number	Line Item Description	Project Code	Amount
<u>050-2511-440.49-10</u>	<u>Education and Conference</u>	<u>        </u>	<u>\$4,500.00</u>
<u>050-2511-440.51-01</u>	<u>Office Supplies</u>	<u>        </u>	<u>\$500.00</u>
<u>050-2511-440.55-10</u>	<u>Dues and Subscriptions</u>	<u>        </u>	<u>\$300.00</u>
<u>050-2511-440.64-23</u>	<u>Lab Services</u>	<u>        </u>	<u>\$2,000.00</u>
<u>050-2511-440.64-33</u>	<u>Counseling Services</u>	<u>        </u>	<u>\$12,958.00</u>
<u>050-2511-440.65-97</u>	<u>Alcohol/Drug Monitoring</u>	<u>        </u>	<u>\$14,658.00</u>
<b>TO Total:</b>			<b><u>\$34,916.00</u></b>

**FROM Account Information:**

Line Item Number	Line Item Description	Project Code	Amount
<u>050-0000-251.00-00</u>	<u>050 Fund Balance</u>	<u>        </u>	<u>\$34,916.00</u>
<b>FROM Total:</b>			<b><u>\$34,916.00</u></b>

**Purpose for Request:**

**Budget Amendment to establish the budget for the newly created Collin County Family Preservation Drug Court.**

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Elected Official / Department Head