

Budget Amendment Request Form

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

Date of Request: August 17, 2016

From: S/O Randy Clark Ext. 5106
(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>001-5070-641.49-01</u>	<u>Travel Reimbursement</u>		<u>\$2,000.00</u>


FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-5030-641.61-10</u>	<u>Food Supplies</u>		<u>\$2,000.00</u>

FROM Total:	\$2,000.00
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Purpose for Request:

To reallocate funds from Food Supplies through September 30, 2016 for mileage reimbursement.



 Elected Official / Department Head