

Budget Amendment Request Form

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

Date of Request: September 9, 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>\$5,000.00</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>\$5,000.00</u>

FROM Total:	\$5,000.00
-------------	-------------------

Purpose for Request:

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



 Elected Official / Department Head