

## Budget Amendment Request Form

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

Date of Request: September 29, 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>001-5001-640.40-14</u>	<u>Other Wages</u>		<u>\$50.00</u>
<u>001-5030-640.40-14</u>	<u>Other Wages</u>		<u>\$250.00</u>
<u>001-5050-640.40-14</u>	<u>Other Wages</u>		<u>\$950.00</u>
<u>001-5070-640.40-14</u>	<u>Other Wages</u>		<u>\$950.00</u>
TO Total:			<b>\$2,200.00</b>

**FROM Account Information:**

Line Item Number	Line Item Description	Project Code	Amount
<u>001-5001-641.40-10</u>	<u>Regular Full Time Wages</u>		<u>\$50.00</u>
<u>001-5030-640.40-10</u>	<u>Regular Full Time Wages</u>		<u>\$250.00</u>
<u>001-5050-640.40-10</u>	<u>Regular Full Time Wages</u>		<u>\$950.00</u>
<u>001-5070-640.40-10</u>	<u>Regular Full Time Wages</u>		<u>\$950.00</u>
FROM Total:			<b>\$2,200.00</b>

**Purpose for Request:**

To reallocate funds from Regular Full Time Wages through September 30, 2016 for supplemental training pay.

  
 \_\_\_\_\_  
 Elected Official / Department Head