

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: August 16, 2011

From: Budget/Monika/4603
(Department Name / Contact Name / Phone)

____ Court ____ Non-Court
FY ____ Seq. No. ____
Approved by: ____ Date: ____

Budget Account to Receive Budget Amendment: ____ New X Existing

Project Code to Receive Amendment: ____ New X Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-1001-411.88-03</u>	<u>TCDRS Liability Reduction</u>		<u>\$35,500,000.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>001-0000-251.00-00</u>	<u>General Fund - Fund Balance</u>		<u>\$35,500,000.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FROM Total: \$35,500,000.00

Purpose for Request:

Lump sum payment toward TCDRS per Commissioner Court vote in the FY 2012 Budget Workshop.

Elected Official / Department Head