Budget Amendment Request Form

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

Date of Request: **August 13, 2012**

From: **HR/Nicole/4605**
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: _____ New **x** Existing

Project Code to Receive Amendment: _____ New _____ Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-1001-411.88-03	**TCDRS Liability Reduction**		**$2,045,000.00**

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-1001-411.88-01	**Non Dept Prog-Contg**		**$2,045,000.00**

FROM Total: **$2,045,000.00**

Purpose for Request:

Needed to pay for TCDRS Liability Reduction for FY 2012 per budget workshop

Elected Official / Department Head