Budget Amendment Request Form

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

Date of Request: **August 11, 2015**

From: **Sheriff's Office/ C. Adams/Asst. Chief/5208**
(Department Name / Contact Name / Phone)

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

Project Code to Receive Amendment: _____ New **n/a** Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-5070-641-4901	**Travel Reimbursement**		**$3,000.00**

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
001-5030-641-6503	**Uniforms**		**$3,000.00**

FROM Total: **$3,000.00**

Purpose for Request:

Transfer deputies are reimbursed for mileage whent heir personal vehicles are used to travel to and from hospitals when assigned to guard hospitalized inmates. The original budget request for travel reimbursement was reduced and the uniform line was increased by the same amount. This request is to move the original requested funds back to Travel Reimbursment in order to reimburse deputies for personal travel directly releated to their assignments.

Elected Official / Department Head