]	<b>Budget Amendment Request Form</b>		n For Budget Of	For Budget Office Use Only	
Date of Request: April 5, 2015  From: Probate-Admin/Connie	Evanslavt 3810		Court FY Seq. N	_ Non-Court	
(Department Name / Contact Name			Approved by:	Date:	
Budget Account to Receive Budge	et Amendment:	New x	Existing		
Project Code to Receive	e Amendment:	New	Existing		
TO Account Information:					
Line Item Number	Line Item Description		Project Code	Amount	
015-2180-442.64-15	Substitute Court Rep	orter		\$7,500.00	
FROM Account Information:					
Line Item Number	Line Item Description		Project Code	Amount	
015-0000-251.00-00	Fund Balance			\$7,500.00	
			FROM Total:	\$7,500.00	
Purpose for Request:					
Due to an increase in contested remainder of the fiscal year. We additional jury trials scheduled vincrease of 7500.00 to cover the	currently have a balance where a substitute court r	of 2001.02 in the a eporter will be req	account. As of this d Juired. We are reque	ate we have esting an	

Elected Official / Department Head