

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: July 14, 2017

From: Budget/HR - Monika Arris / 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 Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>501-0321-413-59-07</u>	<u>Property Damage Claims</u>	<u> </u>	<u>\$147,000.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>501-0000-251-00-00</u>	<u>Fund Balance</u>	<u> </u>	<u>\$147,000.00</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
FROM Total:			<u>\$147,000.00</u>

Purpose for Request:

\$147,000.39 received for insurance claim on damage to air conditioner units at 900 and 920 buildings (501-0321-371.04-88). Budget Amendment to establish an expenditure budget to utilize these funds for replacement of air conditioner units identified on insurance claim for 900 and 920 buildings



Elected Official / Department Head