

**Blount County Government**  
**Budget Amendment Request**  
**FY 24-25**

Department: Recovery Court  
Account: 53200


**Type of Amendment: (check one)**

- ☐ **Transfer**.....Transfer within a fund, but between departments  
☒ **Decrease**.....Reduction of original appropriation  
☐ **Increase**.....Increase in original appropriation  
☐ **Adjustment**.....Reduction or Increase of original appropriation due to grant award or budgetary adjustment  
☐ **Reappropriation**....Increase in current year appropriation with prior year unobligated appropriations

	Account Number	Description	Amount
TO	101-00000-489900	Fund Balance	35,000.00
TOTAL			35,000.00

	Account Number	Description	Amount
FROM	101-53200-539900--128-10	Other Contracted Services	35,000.00
TOTAL			35,000.00

Explanation: Return of funds in original 24-25 budget to fund balance if Opioid State Funds are received.

 9/24/24  
Signature of Official/Department Head/Date
Signature of County Mayor/Date

\*All requests requiring committee approval are due to the Assistant Finance Director by close of business two Fridays before the Budget Committee Meeting.