

**Blount County Government
Budget Amendment Request**

FY 22-23

Department: Accounting
Account: _____

Type of Amendment: (check one)

- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-52100-520700	Health Insurance ER Cost	13,617.00
TOTAL			13,617.00

	Account Number	Description	Amount
FROM	101-00000-489000	Fund Balance	13,617.00
TOTAL			13,617.00

Explanation: New hires elected to take medical and prior employees did not, request to
appropriate additional funds from fund balance to cover increased health insurance cost.

 3/29/23
Signature of Official/Department Head/Date

Signature of County Mayor/Date

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.