Blount County Government Budget Amendment Request

FY 23-24

Department: _____

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
то			
		TOTAL	

	Account Number	Description	Amount
FROM			
		TOTAL	

Explanation:

M. Leite 2/16/2024

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.