

**Blount County Government
Budget Amendment Request**

FY 23-24

Department: 101-54210

Account: Medical & Dental Services

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	101-54210-534000-542	Medical & Dental Services	119,959.00
TOTAL			119,959.00

	Account Number	Description	Amount
FROM	101-0-462900-542	Other Public Safety Grants	119,959.00
TOTAL			119,959.00

Explanation: To appropriate awarded mental health transport grant funds.

 9/18/23
 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.