Blount County Government Budget Amendment Request

	FY 25	-26 Department:	Department: Education Capital	
		Account: Fund 177		
☐ Trai	rease (raising adopted budget due to unf	nforeseen effect on "revenue" or "expense") preseen effect on "revenue" or "expense")		
		to "grant award" or "budgetary adjustment")		
*	**IF an Increase or Decrease, a memo explai	ning the need or purpose MUST accompany o		
	Account Number	Description	Amount	
то			=	
	177-91300-579900	Contingency Funds	125,000.00	
		ТО	OTAL 125,000.00	
	Account Number	Description	Amount	
FROM				
Explana	Contingency Funds for fiscal y	ear 2025-2026	OTAL 0.00	
Signatu	re 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.