

Budget Amendment Request

FY 21-22

Department: Central Services

Account: 101-52220-531000

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	101-52220-53100-0	Contracts with Govt Agcy	80,000.00
TOTAL			80,000.00

	Account Number	Description	Amount
FROM	101-00000-489900-0	Fund Balance	80,000.00
TOTAL			80,000.00

Explanation: Increase of cost due to paying for Autopsies and Medical Examiners fees for Blount County,
Maryville and Alcoa. The volume of cases from the cities have increased the counties cost. The county would like to
seek reimbursement from the cities for their portion of expenses.

 4/21/22
 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.