

Blount County Government
Budget Amendment Request
FY 24-25

Type of Amendment: (check one)

Department: _____

Account: _____

Transfer.....Transfer within a fund, but between departments

Decrease.....Reduction of original appropriation

Increase.....Increase in original appropriation

Adjustment.....Reduction or Increase of original appropriation due to grant award or budgetary adjustment

Reappropriation....Increase in current year appropriation with prior year unobligated appropriations

	Account Number	Description	Amount
TO			
		TOTAL	

	Account Number	Description	Amount
FROM			
		TOTAL	

Explanation: _____

 Signature of Official/Department Head/Date

 Signature of County Mayor/Date

*All requests requiring committee approval are due to the Assistant Finance Director by close of business two Fridays before the Budget Committee Meeting.