

**Blount County Government**  
**Budget Amendment Request**  
**FY 25-26**

**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.