## Blount County Government Budget Amendment Request

FY 24-25

Department: Animal Center - 55120
Account: 101-55120-520700-00000-512-00000-0000-10-00000

	e of Amendment: (check one)		
	insfer (no overall change to adopted bu	_ :	
Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")			
-		nforeseen effect on "revenue" or "expense")	
Ad	justment (correction to adopted budget du	ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendr	nent form***
	Account Number	Description	Amount
то	101-55120-520700-512	Health Insurance ER Cost	16,740.00
<b> </b>			
<u> </u>			
		TOTAL	16,740.00
	Account Number	Description	Amount
FROM	101-00000-489900	Use of Fund Balance	16,740.00
	(346300)	Animal Shelter Reserve	
F		TOTAL	16,740.00
Explana	There has been a staff chang	e in the veterinarians at the animal center; request to	
appropriate funds from fund balance to cover health care benefits,			· . · · · · · · · · · · · · · · · · · ·
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	Pon Crow	07/30/24	
Signatu	re of Official/Department Head/Date	Signature of County Mayor/Date	

<sup>\*</sup>All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.