## **Blount County Government Budget Amendment Request**

FY 23-24

Department: Highway Department

		Account: 131	
Annual Control	of Amendment: (check one)		
_	(no overall change to adopted bu		
		unforeseen effect on "revenue" or "expense")	
		nforeseen effect on "revenue" or "expense")	
JAN C	(correction to adopted budget di	ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendme	nt form
	Account Number	Description	Amount
то	131-61000-510300	Assistant Engineer Salary	90,000.00
	131-61000-520100	Social Security	5,580.00
	131-61000-520700	Health Insurance	16,716.00
	131-61000-520800	Dental Insurance	276.00
	131-61000-521200	Medicare	1,305.00
	131-61000-521000	Unemployment	360.00
	131-61000-521100	Retirement	6,246.00
		TOTAL L	120,483.00
	Account Number	Description	Amount
FROM	131-00000-489900	Use of Fund Balance	7'0,483.00
	131-61000-533100	Legal Services	50,000.00
		TOTAL	120,483.00
Explana	tion I am requesting to hire an Ass		
	:		
	, ,		
	AN Head		
Signato	e 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.