

Blount County Government Budget Amendment Request

FY 21-22

Department: Health Department

Account: 101-55110

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	101-55110-571700	Maintenance Equipment	8,736.82
TOTAL			8,736.82

	Account Number	Description	Amount
FROM	101-00000-489900	Use of Fund Balance	8,736.82
TOTAL			8,736.82

Explanation: To appropriate funds to replace the backup generator at the Health Department.

Robert Schmidt 11/30/21
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.