

# Budget Amendment Request

FY 21-22

Department: Highway Department

Account: 131-61000

## 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	131-61000-550600	Liability Insurance	40,887.00
TOTAL			40,887.00

	Account Number	Description	Amount
FROM	131-00000-489900	Use of Fund Balance	40,887.00
TOTAL			40,887.00

Explanation: To appropriate funds for the Highway liability insurance shortage.

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.\***