

**Blount County Government
Budget Amendment Request**

FY 16-17

Department: Public Defender

Account: 101-53610

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	500162	Clerical Personnel	500.00
	500201	Social Security	500.00
	500212	FICA-Medicare	150.00
TOTAL			1,150.00

	Account Number	Description	Amount
FROM	101-423601-0	Public Defender Fees	1,150.00
TOTAL			1,150.00

Explanation: need add'l funds to cover salary/benefits until year end; using Public Defender Fees revenue



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.