

# Budget Amendment Request

FY 16-17

Department: Schools

Account: 500207

## 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    | 101-99100-500590 | Transfers Out | 282,500.00 |
|       |                  |               |            |
|       |                  |               |            |
|       |                  |               |            |
|       |                  |               |            |
|       |                  |               |            |
|       |                  |               |            |
|       |                  |               |            |
|       |                  |               |            |
| TOTAL |                  |               | 282,500.00 |

|       | Account Number | Description  | Amount     |
|-------|----------------|--------------|------------|
| FROM  |                |              |            |
|       | 141-498000     | Transfers In | 274,900.00 |
|       | 143-498000     | Transfers In | 4,500.00   |
|       | 146-498000     | Transfers In | 3,100.00   |
|       |                |              |            |
|       |                |              |            |
|       |                |              |            |
|       |                |              |            |
|       |                |              |            |
| TOTAL |                |              | 282,500.00 |

Explanation: Reverse - Transfer to cover increase in employer medical premium for 2017 as adopted by the Commission in 2/17

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.

Reversal Entry!