

[Reset Data](#)

Blount County Government  
Budget Amendment Request

[Print Form](#)

FY 19-20

Department: Health DepartmentAccount: 101-55110 LOCAL HEALTH CENTER**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	101-55110-533500	Tree Removal	4,800.00
	101-55110-533500	AC Unit Replacement	5,000.00
TOTAL			9,800.00

	Account Number	Description	Amount
FROM	101-00000-489900	Use of Fund Balance	9,800.00
TOTAL			9,800.00

Explanation: See attached memo

9/24/19

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.