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Blount County Government  
Budget Amendment Request

[Print Form](#)

FY 19-20

Department: Health Department

Account: DGA Health Dept 511

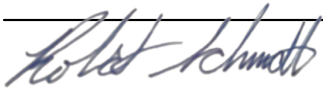
**Type of Amendment: (check one)**

- ☐ **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	101-55110-513100-00000-511-00000-0000-10-00000	Medical Personnel	26,623.58
	101-55110-516900-00000-511-00000-0000-10-00000	Part time Personnel	2,539.42
	101-55110-520100-00000-511-00000-0000-10-00000	Social Security	8,757.72
	101-55110-520400-00000-511-00000-0000-10-00000	State Retirement	8,897.79
	101-55110-520600-00000-511-00000-0000-10-00000	Life Insurance ER Cost	136.38
	101-55110-520700-00000-511-00000-0000-10-00000	Health Insurance ER Cost	41,429.50
	101-55110-520800-00000-511-00000-0000-10-00000	Dental Insurance ER Cost	855.44
	101-55110-521000-00000-511-00000-0000-10-00000	Unemployment Compensation	170.06
	101-55110-521200-00000-511-00000-0000-10-00000	Employer Medicare Cost	2,048.12
TOTAL			91,458.01

	Account Number	Description	Amount
FROM	101-55110-463100-511	Health and Welfare Grants	91,458.01
TOTAL			91,458.01

Explanation: See attached supporting documents

10/29/19

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.