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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	101-55110-551300-00000-511-00000-0000-10-00000	Workers Compensation Insurance	2,745.00
	101-55110-532000-00000-511-00000-0000-10-00000	Professional Fee	400.00
	101-55110-599000-00000-511-00000-0000-10-00000	Other non-personnel	9,500.00
TOTAL			12,645.00

	Account Number	Description	Amount
FROM	101-55110-463100-511	Health and Welfare Grants	12,645.00
TOTAL			12,645.00

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.