

# Budget Amendment Request

FY 19-20

Department: Highway

Account: 176

## 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	176-91200-571300-705	Highway Construction	50,000.00
TOTAL			50,000.00

	Account Number	Description	Amount
FROM	176-00000-47599-705	Fed. Through State-Other	50,000.00
TOTAL			50,000.00

Explanation: CSX contribution to N Springview Bridge

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.