

**Blount County Government
Budget Amendment Request**

FY 19-20

Department: _____

Account: _____

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			
TOTAL			

	Account Number	Description	Amount
FROM			
TOTAL			

Explanation: _____

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.**