

BUDGET AMENDMENT REQUEST

Trinity County
Auditors' Office

To: TRINITY COUNTY COMMISSIONERS' COURT

From: _____
(Department making this request)

Date: _____

I request an amendment to the 20____ budget for the following line items in my department:

GL Account #	Account Name	Amendment Amount	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Net change in total budget for this department is: \$ _____

Other remarks/justification:

I understand that my budget cannot be amended as requested until Commissioners' Court approval is obtained.

Signature of Official/Department head: _____

Date of Commissioners' Court approval: _____

Date posted to General Ledger account(s): _____