

# 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: \_\_\_\_\_

Signature of County Auditor: \_\_\_\_\_

Signature of County Judge: \_\_\_\_\_

Date of Commissioners' Court approval: \_\_\_\_\_

Date posted to General Ledger account(s): \_\_\_\_\_