## **Budget Revision Request**

County:	Fiscal Year:
Contact Name (Please Print):	
Title/Position:	
Contact Number(s)	

Complete the first table for the individual line items affected by the amendment. Complete the second table for the total amount budgeted for the fiscal year. The second table is not a sum of the columns above. It shows the effect on the overall budget to determine whether additional withholding would be necessary. If you are transferring funds between object codes, the total budget before and after the amendment should be the same.

Item Number	Line Item Description	Allocated Before Amendment	Increase or Decrease	Allocated After Amendment

	Budget Before	Net Increase or	Budget After
	Amendment	Decrease	Amendment
TOTAL BUDGETED AMOUNT:			

Reason(s):

(Please use an attachment if additional space is needed.)

Signature:

Date:\_\_\_\_\_

Date of County Commission Approval (if required):\_\_\_\_\_