Reset Data

Print Form

Blount County Government
Budget Amendment Request

FY 21-22

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	0.00

	Account Number	Description	Amount
FROM			
		TOTAL	0.00

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.