

**CHAMBERS COUNTY
BUDGET AMENDMENT/TRANSFER FORM**

TO: COUNTY JUDGE AND COMMISSIONERS COURT	Date Submitted: _____ Court Date: _____		
** (Note: If requesting increase in budget, Commissioners Court <u>MUST</u> approve.)			
FROM: Department Head _____ Department Name _____ Department Number _____	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">BUDGET YEAR</td> </tr> <tr> <td style="background-color: yellow; height: 15px;"></td> </tr> </table>	BUDGET YEAR	
BUDGET YEAR			
Please consider the following budget amendment or transfer request:			

TRANSFER FROM:			
Account Number			
Line Item Description			
Budget Amount Before Transfer	_____ *	Remaining Balance Before Transfer	_____
Amount to Transfer	- _____	Amount to Transfer	- _____
Budget Amount After Transfer	_____	Remaining Balance After Transfer	_____

TRANSFER TO:			
Account Number			
Line Item Description			
Budget Amount Before Transfer	_____ *	Remaining Balance Before Transfer	_____
Amount to Transfer	+ _____	Amount to Transfer	+ _____
Budget Amount After Transfer	_____	Remaining Balance After Transfer	_____

* Insert here the amount listed in the "Current Budget" column on the most recent "Statement of Expenditures".

Explanation and Justification:

SUBMITTED BY:	Date
Department Head or Elected Official	

APPROVED BY:	Date
** Commissioners Court	