THE COUNTY OF CAMERON

REQUEST FOR BUDGET AMENDMENT

Department Name _____ Fund & Dept. No. _____

Your Budget is over encumbered or over expended in the following line item/s:

LINE ITEM	Description	CURRENT BUDGET	REVISED BUDGET	*NET INCREASE/DECREASE*
		INCREASE:		
		DECREASE:		
			NET CHANGE TO BUDGET	

COMMENTS:

_____ _____

Signature Date: