

INTRA-DEPARTMENTAL OPERATING TRANSFER REQUEST

Trinity County
Auditors' Office

To: TRINITY COUNTY AUDITOR

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:

Note: The department head or elected official may request line-item transfers under \$1,000.00 cumulative total from any major category of expenditure to any major category of expenditure within operating funds for approval by the County Judge and Auditor.

Such adjustments will be reported quarterly to the Commissioners Court. At no time, however, will funds be transferred into or from the Personnel, Fringe Benefit, or Capital categories without court approval.

Any other department budget transfers or amendments must be submitted on a Request for Budget Amendment Form. Those transfer requests are submitted to the Auditor's Office and then submitted to the Commissioners' Court for final approval.

Signature of Official/Department head: _____

Approved by: _____
County Judge
County Auditor

Date posted to General Ledger account(s): _____