

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Ambulance
 Signature of Department Head: *[Signature]*
 Date Requested: 12-Mar-13
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
118-43120 Patient Charges	\$ 6,118,900	\$ 6,118,900	\$ 4,060,566	\$ 5,000		\$ 6,123,900
118-55130-509 Refunds	\$ 40,000	\$ 40,000	\$ 37,054	\$ 5,000		\$ 45,000
118-34730 Assigned for Public Health & Welfare	3,850,492	5,056,906			40,000	\$ 5,016,906
118-55130-425 Gasoline	\$ 200,000	\$ 200,000	\$ 168,129	40,000		\$ 240,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

EXPLANATION FOR ABOVE AMENDMENT REQUEST

We are requesting to transfer funds from Patient Charges to our Refunds account to cover overpayments from insurance companies and patients. Medicaid has requested refunds from payments made five years ago. Due to increasing fuel costs, we are requesting to transfer funds from our Ending Fund Balance into our Gasoline line item.

Finance Department Use Only

Date Posted: _____
 Posted By: _____