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THE COUNTY OF GALVESTON

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PROFESSIONAL SERVICES

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Budget Amendment Request Form Instruction  
Manual



The Budget Amendment Request Form is due the Monday before every Commissioners' Court meeting at 5:00 P.M.\* If the form is submitted after the deadline, it will be processed for the following Commissioners' Court meeting.

Please visit <https://www.galvestoncountytexas.gov/county-offices/professional-services/budget-office/budget-amendment-request> for the instructions document and a video tutorial. If you have any additional questions, please email them to [BudgetTeam@galvestoncountytexas.gov](mailto:BudgetTeam@galvestoncountytexas.gov)

\*The deadline may vary for Commissioners' Court meetings outside of the regular schedule.



Budget Amendment Request Form Instructions

**I. Sponsor**

1. Enter the name of the court member that has agreed to sponsor the requested Budget Amendment

**Sponsor: \***

**II. Department Name**

1. Enter the full name of the department requesting the Budget Amendment
  - a. Please only type letters in this text box

**Department Name: \***

**III. Division Number**

1. Enter the four-digit number of the department and the two-digit number of the division requesting the budget amendment all together.
  - a. Please only type numbers in this text box
  - b. Example – Department 1514, Division 00, therefore 151400

**Division Number: \***

Enter the 6-digit number  
Ex. 151400



**IV. Contact Information**

1. Department Head Name
  - a. Enter the name of the department head
2. Department Head Email Address.
  - a. Provide the email address of the department head
3. Submitted by
  - a. Please enter the name of the person submitting the BA request form
4. Contact Extension Number
  - a. Please enter the extension number of the person submitting the budget amendment request form
5. Contact Email Address
  - a. Please enter the email address of the person submitting the budget amendment request form

<p><b>Department Head Name: *</b></p> <input type="text"/>
<p><b>Department Head Email: *</b></p> <input type="text"/>
<p><b>Submitted By: *</b></p> <input type="text"/>
<p><b>Contact Extension Number: *</b></p> <input type="text"/>
<p><b>Contact Email Address: *</b></p> <input type="text"/>



**V. Associated Documents (If Applicable)**

1. If a form is associated with this Budget Amendment Request Form, please select the form from the drop-down menu & attach the document via this portal.

**Associated Forms \***

If a form is associated with this Budget Amendment request form, please attach the document via this portal.

Select or enter value ▼

**VI. Budget Amendment Justification**

1. Please enter the Budget Amendment justification in this box.

**Budget Amendment Justification: \***

Please provide a brief justification for the request.



**VII. Key Org (From)**

1. Please enter the ten-digit key org number (Example – Fund 0000, Department 0000, Division 00)
  - a. A dropdown text box will populate for the object code
2. Please enter the object code number where the funds are going to be transfer from
  - a. Please only type numbers in this text box
  - b. Please enter only one object code
  - c. After entering information, a dropdown text box will populate for the amount
3. Enter the amount being transfer (from)
  - a. Please only type numbers in this text box
4. If applicable add additional key org (from)
  - a. If your division has multiple line items to transfer from, please select this option

**Key Org (From): \***  
Fund, Division (From):  
Example: 1101,151400, therefore 1101151400

Please note: If you will be requesting from Fund Balance Reserves (Budgeted Reserves), please use the following Key Org information – 1101, 920180, therefore, **1101920180**.  
Object Code (Line Item): **5930000**

  
  

**Object Code From (Line Item): \***  
Object Code - Line Item Name  
Example: 5310001 - Extraordinary Supplies

  
  

**Amount (From): \***

  
  

**Add an additional Key Org (From):**  
Click the box below if you will be adding an additional transfer from funding source.



**VIII. Key Org (To)**

1. Please enter the ten-digit key org number (Example – Fund 0000, Department 0000, Division 00)
  - a. A dropdown text box will populate for the object code
2. Please enter the object code number where the funds are going to be transfer (to)
  - a. Please only type numbers in this text box
  - b. Please enter only one object code
  - c. After entering information, a dropdown text box will populate for the amount
3. Enter the amount being transfer (to)
  - a. Please only type numbers in this text box
  - b. Only type one amount in this text box
4. If applicable add an additional key org (to)
  - a. If your division has multiple line items to transfer to, please select this option

**Key Org (To): \***  
Fund, Division (To):  
Example: 1101, 151400, therefore 1101151400

  
  

**Object Code (Line Item): \***  
Object Code - Line Item Name  
Example: 5310001 - Extraordinary Supplies

  
  

**Amount (To): \***

  
  

**Add an additional Key Org (To):**  
Click the box below if you will be adding an additional transfer to fund source.



**IX. Submit**

1. Please select the “*Send me a copy of my responses*” if you would like a copy of the budget amendment request form for your records.
2. Please verify that all the information entered in this form is correct and click the submit button when ready.

Send me a copy of my responses

**X. Contact Information**

- If you have any questions or need further assistance with the Budget Amendment Request Form you may contact us at:
  - Email: [BudgetTeam@galvestoncountytexas.gov](mailto:BudgetTeam@galvestoncountytexas.gov)
  - Extension: 5545