## **Blount County Government Budget Amendment Request**

	FY 23-24	Department: Accounting	
		Account:	
ype of Am	endment: (check one)		
Fransfer	(no overall change to adopted budget)		
Decrease	(reducing adopted budget due to unforeseen effect	on "revenue" or "expense")	
Increase	(raising adopted budget due to unforeseen effect or	n "revenue" or "expense")	
Adjustme	$oldsymbol{\overline{M}}$ (correction to adopted budget due to "grant award	" or "budgetary adjustment")	

\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\*

	Account Number	Description	Amount
то	131-64000-520100	Social Security	4,107.00
	131-64000-521000	Unemployment Compensation	53.00
	131-64000-521200	Employer Medicare Cost	957.00
	131-64000-530700	Communication	490.00
	131-64000-533400	Maintenance Agreements	35,000.00
	131-64000-543500	Office Supplies	400.00
	131-64000-551300	Workers Compensation Insurance	200.00
	131-64000-572000	Plant Operation equipment	2,000.00
	131-64000-518900	Other Salaries and Wages	57,995.04
-		TOTAL	101,202.04

	Account Number	Description	Amount
FROM	131-61000-520100	Social Security	4,107.00
	131-61000-521000	Unemployment Compensation	53.00
	131-61000-521200	Employer Medicare Cost	957.00
	131-61000-530700	Communication	490.00
	131-61000-533400	Maintenance Agreements	35,000.00
	131-61000-543500	Office Supplies	400.00
	131-61000-551300	Workers Compensation Insurance	200.00
	131-61000-533400	Maintenance Agreements	2,000.00
	131-61000-518900	Other Salaries and Wages	57,995.04
		TOTAL	101,202.04

Explanation:	Transfer Recycling Budget for FY24 From 131-61000 to 131-64000 to separate Recycling from	
Highway Administi	ration.	7.1
		•
	8	•
		•

Signature of Official/Department Head/Date

Signature of County Mayor/Date

<sup>\*</sup>All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

## **Blount County Government Budget Amendment Request**

	FY 2	3-24 Department: Account	ting	
Type	of Amendment: (check one)	Account.		
	(no overall change to adopted but	lget)		
	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")			
inc	rease (raising adopted budget due to un	foreseen effect on "revenue" or "expense")		
Ad	<b>justment</b> (correction to adopted budget du	e to "grant award" or "budgetary adjustment")		
,	***IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendr	nent form***	
	Account Number	Description	Amount	
то	131-64000-520400	State Retirement	4,598.37	
	131-64000-520600	Life Insurance ER Cost	66.00	
	131-64000-541800	Equipment and Machinery Parts	2,000.00	
	131-64000-570700	Building Improvements	6,000.00	
	131-64000-520700	Health Insurance	1,377.00	
	131-64000-520800	Dental Insurance	276.00	
	11			
		TOTAL	14,317.37	
	ye.			
	Account Number	Description	Amount	
FROM	131-61000-520400	State Retirement	4,598.37	
	131-61000-520600	Life Insurance ER Cost	66.00	
	131-61000-533400	Maintenance Agreements	2,000.00	
	131-61000-533400	Maintenance Agreements	6,000.00	
	131-61000-520700	Health Insurance	1,377.00	
	131-61000-520800	Dental Insurance	276.00	
		TOTAL	14,317.37	
Explana	tion: Transfer Recycling Budget for	ا FY24 From 131-61000 to 131-64000 to separate Rec	/cling from	
Highw	ay Administration.			
	•			
-				
I	DBUL 9/5/23			
Signature of Official/Department Head/Date Signature of County Mayor/Date				

\*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.