## Blount County Government Budget Amendment Request

FY 24-25

Type of Amendment: (check one)		Department: Accounting			
		Account: Misc			
Decre Incre	TransferTransfer within a fund, but between departments  DecreaseReduction of original appropriation  IncreaseIncrease in original appropriation  AdjustmentReduction or Increase of original appropriation due to grant award or budgetary adjustment  ReappropriationIncrease in current year appropriation with prior year unobligated appropriations				
	Account Number	Description	Amount		
то	101-52400-516200	Trustee-Clerical Personnel	7,860.00		
	101-52400-520400	Trustee-State Retirement	800.00		
	101-51500-520700	Elections-Health Insurance ER Cost	9,000.00		
	101-51500-520800	Elections-Dental Insurance ER Cost	350.00		
	101-51500-521200	Elections-Employer Medicare Cost	1,800.00		
		TOTAL	19,810.00		
	Account Number	Description	Amount		
FROM	101-00000-489900	Use of Fund Balance	19,810.00		
Evnlanati	ion' Tructoo's Office had 4 amployees that i	TOTAL  finished probationary periods, and received step increases during	19,810.00		
		nore coverage effective 1 Jan; additional funds are needed to cove			
B	DB 3/4/2	Signature of County Mayor/Date			
Signature	e of Official/Department Head/Date	Signature of County Mayor/Date			

<sup>\*</sup>All requests requiring committee approval are due to the Assistant Finance Director by close of business two Fridays before the Budget Committee Meeting.

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

FY 24-25

Type of Amendment: (check one)  Department: Accounting Account: Misc		Department: Accounting	
De ✓ In		oriation	djustment
	Account Number	Description	Amount
то	131-63100-520100-00000-000-00000-0000-20-00000	Social Security	140.00
	131-63100-520400-00000-000-00000-0000-20-00000	State Retirement	1,800.00
	131-63100-520700-00000-000-00000-0000-20-00000	Health Insurance ER Cost	3,400.00
	131-61000-520700-00000-000-00000-0000-20-00000	Health Insurance ER Cost	14,250.00
	131-61000-520800-00000-000-00000-0000-20-00000	Dental Insurance ER Cost	150.00
	131-64000-520700-00000-000-0000-0000-20-00000	Health Insurance ER Cost	4,250.00
		TOTAL	23,990.00
	Account Number	Description	Amount
FROM	131-00000-489900	Fund Balance	23,990.00
		TOTALecting more coverage effective Jan 1; additional funds are ne	23,990.00 eded to cover
Stgna	Ses.  3/4/25  ture of Official/Department Head/Date	Signature of County Mayor/Date	

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