FY 17-18

Department: 101-54110 to 54113

	1	a,		
Accor	int	ROSO	- COPS	3

17003105

	e of Amendment: (check one)		
100	ansfer (no overall change to adopted bu		
Printed Street, Street		unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment"}	
W-1-1-1			all all all
		nining the need or purpose MUST accompany amendm	
	Account Number	Description	Amount
то	101-54113-500106	Deputies	41,451.00

	<u> </u>		
		TOTAL	14 454 00
		TOTAL	41,451.00
		D	Amount
	Account Number	Description	
FROM	101-54110-500106	Deputies	41,451.00
-+			
-+			
		TOTAL	41,451.00
Explanation	on: 25% County Match for COPS (<u></u>	
cxplatiati	25% County Materi for COPS C	Stant for remainder of 2017-10	
		13 1	
6	De Contin	YX XX	1 19-11
Cin	- (May 12/4/17	Co Selection to	(whole)
Signature	of Official/Department Head/Date	Signature of County Mayor/Date	
*All reque	sts requiring committee approval are due to Sr. Financ	ial Analyst's Office by noon on the Tuesday before the Budget Comm	nittee Meeting.

FY 16-17

	y.	Account: 161-55	110
Тур	e of Amendment: (check one)		
	ansfer (no overall change to adopted but	dget)	
De	ecrease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
□ In	crease (raising adopted budget due to ur	nforeseen effect on "revenue" or "expense")	
Ac	fjustment (correction to adopted budget du	ie to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo explo	aining the need or purpose MUST accompany amend	lment form ***
	Account Number	Description	Amount
то	101-55110-500 335	Main. + Repair Bldg.	1000.00
		TOTAL	
		101111	
	Account Number	Description	Amount
FROM	101-55110-500307	Communication	1000-00
	- 9.		
			
		TOTAL	# 1000
xplanat	ion / / / / / / / /		\$1000-00
-xpiaiiai	ion: <u>Light Bulbs</u>	for whole Building	
		(A)	
		(A)	
	11/11	The state of the s	
	1/1/1/1/1/201		1

		FY 17-18 Department:	ne.
	2	Account: 51 800	DOSTE
	of Amendment: (check one)		
1,000	ansfer (no overall change to adopted bud	• .	7.02 7
=		unforeseen effect on "revenue" or "expense")	17003070
		foreseen effect on "revenue" or "expense")	
-		e to "grant award" or "budgetary adjustment")	
		ining the need or purpose MUST accompany amend	
	Account Number	Description	Amount
то	101-51800-500332	Caro Volices	20
		O	
_		· · · · · · · · · · · · · · · · · · ·	
_			
		TOTAL	20.00
	Account Number	Description	Amount
FROM	101-51800-500356	Trition	20
	17, 200		2.0
		TOTAL	2 0.00
- 1		TOTAL	20.00
Explana	gost job w char	where	
		(\$6)	
		A STATE OF THE PARTY OF THE PAR	
		GAX111;	52111
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	2-21-19
Signatur	or Omerar Department nead/Date	- Signature of county inayor/core	-/-

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

POSTED \7002956

FY 17-18

		Account: 055120				
Type	e of Amendment: (check one)					
✓ Tr	ansfer (no overall change to adopted bu	dget)				
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")					
		nforeseen effect on "revenue" or "expense")				
		ue to "grant award" or "budgetary adjustment")				
		aining the need or purpose MUST accompany amendme	ent form***			
	Account Number	Description	Amount			
то	101-053120-500399	Other Contracted Services	50.00			
	101-053120-500312	Contracts with Private Agencies	5.00			
	101-053120-500422	Food Supplies	300.00			
	101-053120-500307	Communications	1,400.00			
		TOTAL	1,755.00			
		TOTAL	1,733.00			
	Account Number	Description	Amount			
FROM	101-053120-500499	Other Supplies & Services	1,755.00			
	# F F F F F F F F F F F F F F F F F F F					
-						
		TOTAL	1 755 00			
F l		TOTAL	1,755.00			
Explanat	Charter Services, Name Search	contract, water & food supplies, 2 I-phone contracts for juvi	enile courtrooms.			
		\triangle				
		19				
	3 111					
_	- (tate 12/13/	STAN "	10 11			
Signature	of Official/Department Head/Date	Signature of County Mayor/Date	-18-17			
		- Diagnic of sparing majory	/			

POSTED

FY 17-18

Department: Library

7		Account: 115-056500	
Type o	f Amendment: (check one)		
Trans		et)	
Decre		foreseen effect on "revenue" or "expense")	
Incre		reseen effect on "revenue" or "expense")	
		o "grant award" or "budgetary adjustment")	
			and the same of the same
		ing the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то	115-056500-500471-0	Software	3,500.00
	· · · · · · · · · · · · · · · · · · ·		
		TOTAL	2 500 00
		TOTAL	3,500.00
		Description	Amaunt
	Account Number	Description	Amount
FROM	115-056500-500709-0	Data Processing Equipment	1,000.00
	115-056500-500317-0	Data Processing Services	2,500.00
		TOTAL	3,500.00
Evelonation	1004		
Explanation:	move in line w/COA		
		(Rel)	
	2 0//1	(1)	
12/14/17	245 12/1	7	
//	WY // X		
11	- I Kel Just	The All 1	1-18-17
Signature of C	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.

POSTED

FY 17-18

Department: Library Account: 115-056500

()	Account Number	daining the need or purpose MUST accompany amendme Description	Amount
то	115-056500-500432-0	Library Books	40,000.00
		TOTAL	40,000.00
	Account Number	Description	Amount
FROM	115-056500-500709-0	Data Processing Equipment	40,000.00
_			
Explanation:	move in line w/COA	TOTAL	40,000.00

^{*}All requests requiring committee approval are due to St. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting,

Department: Education Capital Projects FY 17-18 Account: 177-91301 Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (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 *** Amount Description **Account Number** TO 177-91301-799-03051 Other Capital Outlay 360.00 **TOTAL** 360.00 Description **Amount Account Number** FROM 177-91301-710-03051 360.00 Food Service Equipment **TOTAL** 360.00 Explanation: Transfer to cover shortfall in tennis courts capital project.

Jeog Zoon 11-27-17
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.

Approved Dy The Board of Education 12-7-17

POSTED 17002934

FY 17-18

Department: GPSF / Account: 141-71200

Typ	e of Amendment: (check one)		
	ransfer (no overall change to adopted bu	dget)	
\Box D	ecrease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
	crease (raising adopted budget due to un	nforeseen effect on "revenue" or "expense")	
A	djustment (correction to adopted budget du	ue to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendme	ent form
	Account Number	Description	Amount
то			
<u> </u>	141-71200-429	Instructional Supplies	40,000.00
	141-71200-429	Instructional Supplies	+0,000.00
		TOTAL	40,000.00
		TOTAL	40,000.00
	Account Number	Description	Amount
	Account Number	Description	Amount
FROM			
	141-71200-725	Special Education Equipment	40,000.00
-			
		TOTAL	40,000.00
Explana	tion:	<u>-</u>	
Transf	er to correct object code to nurchase chrome	books and other SE instructional "equipment" that costs	less than \$500
Tiansi	er to correct object code to parchase chrome	books and other SE instructional equipment that costs	1035 (ΠαΤΙ ΦΟΟΟ:
_	1. 7	8 X X ///	1 18 11
راب	loy dogan 11-28-17		2-10-17
Signatur	e 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.

Approved By The Board of Education

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ı	_	men 140"	22	3
-	100)2	1-	

FY 17-18

Department: GPSF

Account:	141-72250		

	rease (reducing adopted budget due to	udget) o unforeseen effect on "revenue" or "expense") unforeseen effect on "revenue" or "expense")	
		lue to "grant award" or "budgetary adjustment")	
**	**IF an Increase or Decrease, a memo exp Account Number	Description	Amount
то	Account Number	Description.	
	141-72250-399	Other Contracted Services	8,060.00
		TOTAL	8,060.00
	Account Number	Description	Amount
FROM	141-72250-336	Maintenance & Repair Equipment	8,060.00
_			
		TOTAL	8,060.00
Explanation	n:		5,000.00
Transfer	to correct object code.		
Ju	Official/Department Head/Date	Signature of County Mayor/Date	-11-17

Approved By 118

Board of Education

12-7-17

POSTED 17002930

		FY 17-18 Department: C	County Clerk 17002
		Account: 101-052500	
✓Tr: □De □Inc □Ac	rease (raising adopted budget due to justment (correction to adopted budget of		mendment form***
	Account Number	Description	Amount
то	101-052500-500599-0	Other Charges	428.50
•	X	ТОТ	TAL 428.50
	Account Number	Description	Amount
FROM	101-052500-500435-0	Office Supplies	428.50
		ТОТ	`AL 428.50
Explanati	installation & setup for door re		
		(1)	-
		()	70
41%	40		

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

Signature of County-Mayor/Date

POSTED \$\\7002929

Department: Elections FY 17-18 Account: 101-51500 Type of Amendment: (check one) (no overall change to adopted budget) ✓ Transfer (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease (raising adopted budget due to unforeseen effect on "revenue" or "expense") Increase (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 101-51500-500709 Data Processing Equipment 2,700.00 TO **TOTAL** 2,700.00 Amount Description **Account Number** FROM 101-51500-500332 Legal Notices 2,700.00 **TOTAL** 2,700.00 Purchase 2 laptops - for AOE and 1 staff person to take home during early voting for precincting after hours Explanation: at 3 early voting locations. AOE to use 1 year round.

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

Signature of County Mayor/Date

		FY 17-18	Department: General	Sessions Judges
			Account: 053310	17002
De Inc	(no overall change to adopted but to understand (reducing adopted budget due to understand (correction to adopted budget due to understand (correction to adopted budget due to understand (correction to adopted budget due	unforeseen effect on nforeseen effect on "i ue to "grant award" o	revenue" or "expense") or "budgetary adjustment")	ent form***
	***IF an Increase or Decrease, a memo expl Account Number	aining the need or pu	Description	Amount
то	101-053310-500435	(Office Supplies	3,000.00
	· · · · · · · · · · · · · · · · · · ·		TOTAL	3,000.00
	Account Number		Description	Amount
FROM	101-053310-500399	Other (Contracted Services	3,000.00
			TOTAL	3,000.00
Explanat	Monies to cover the replaceme	ent of a Judicial Chair	$ootnotesize{ ext{TOTAL}}{ ext{L}}$ for the courtroom and a heavy dut	
Judicial	Assistant's office.	(AD)		
W	Tellet beech	11/30/17	E Hall	
Signature	e of Official/Department Head/Date	Signature of	County Mayor/Date	tan madi sov

Type of Amendment: (check one)

Transfer (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 on "revenue" or "expense")

Adjustment (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

	Account Number	Description	Amount
то	500 422	Food Supplies	650°
\exists			
\dashv			
		14 May 16	
		TOTAL	15500 -0.1

	Account Number	Description	Amount
FROM	500334	Mice Agreements	650000
		,	
		TO	TAL 650 -

Explanation: food for grand afening

Signature of Official/Department Head/Date

Signature of County Mayor/Date

FUSIEU

FY 17-18

Department: Rabies/Animal Control/BCAC

Account: 101-55120

Type	of Amendment: (check one)		1700 211
	insfer (no overall change to adopted bud	lget)	,
De	crease (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	justment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")	
4	**IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendn	ent form ***
=	Account Number	Description	Amount
то	101-55120-500410	Custodial supplies	1,000.00
	4		
		TOTAL	1,000.00
		101712	1,000.00
	Account Number	Description	Amount
FROM	101-55120-500399	Other contracted services	1,000.00

		i.	
		Λ	
		TOTAL	1,000.00
	s:		1,000.00
Explanat	Transfer monies from other co	ntracted services to custodial supplies line item.	
,	1 1 4 1 1 1 1 -	8871	
Ker	mes faelit fr 12/1/17	Signature of County Mayor/Date	

FY 17-18

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) nt")	oreseen effect on "revenue" or "expense") eseen effect on "revenue" or "expense")	rease (reducing adopted budget due to unforease (raising adopted budget due to unforestment (correction to adopted budget due to	✓ Tra Dec Incl Adj
nt") ny amendment form*** Amount	oreseen effect on "revenue" or "expense") eseen effect on "revenue" or "expense") o "grant award" or "budgetary adjustment") ng the need or purpose MUST accompany amendme Description	nsfer (no overall change to adopted budge trease (reducing adopted budget due to unforease (raising adopted budget due to unforease (correction to adopted budget due to unforease or Decrease, a memo explaini Account Number	Tra Dec Inci
nt") ny amendment form*** Amount	oreseen effect on "revenue" or "expense") eseen effect on "revenue" or "expense") o "grant award" or "budgetary adjustment") ng the need or purpose MUST accompany amendme Description	rease (reducing adopted budget due to unforcease (raising adopted budget due to unforcease (correction to adopted budget due to the state of the sta	Dec Inc Adj
nt") ny amendment form*** Amount	eseen effect on "revenue" or "expense") o "grant award" or "budgetary adjustment") ng the need or purpose MUST accompany amendme Description	rease (raising adopted budget due to unfor ustment (correction to adopted budget due to **IF an Increase or Decrease, a memo explaini Account Number	Inc Adj
nt") ny amendment form *** Amount	o "grant award" or "budgetary adjustment") ng the need or purpose MUST accompany amendme Description	ustment (correction to adopted budget due to **IF an Increase or Decrease, a memo explaini Account Number	Adj
ny amendment form*** Amount	ng the need or purpose MUST accompany amendment Description	**IF an Increase or Decrease, a memo explaini Account Number	İ
Amount	Description	Account Number	
			то
1,000.0	Food Supplies	131-062000-500422	то
			-
			\rightarrow
			-
I			
TOTAL 1,000.00	TOTAL	and the second s	
1,000.00	TOTAL		
Amount	Description	Account Number	
1,000.00			-
1,000.00	Drainage Materials	131-062000-500459	MO
			_
			_
OTAL 1,000.00			

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17000	+ 13 1

FY 17-18

Department: GPSF

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	17	700	17007

		Account: 141-72620	
Тур	e of Amendment: (check one)	*	
✓ Tr	ransfer (no overall change to adopted bu	idget)	
	ecrease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
∐ln	crease (raising adopted budget due to u	nforeseen effect on "revenue" or "expense")	
A	djustment (correction to adopted budget do	ue to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendn	nent form
	Account Number	Description	Amount
то			
	141 72620 225	Maint & Dannin Didge	EQ 000 00
	141-72620-335	Maint & Repair - Bldgs	50,000.00
	141-72620-336	Maint & Rapair - Equip	50,000.00
		9	
	<u> </u>	TOTAL	100,000.00
		L	
	Account Number	Description	Amount
FROM			
	141-72620-399	Other Contracted Services	100,000,00
	141-72020-399	Other Contracted Services	100,000.00
\rightarrow			
\dashv			
		TOTAL	100,000.00
Explanat	ion:		
Transfe	er funds to correct object codes.	12(1)	
	Tanas to demost object deads.	<i>y</i>	
		16 200	
	Teay Jogan 12-12-	17 9 8 7 18 1	2-12-17
Signature	e of Official/Department/Head/Date	Signature of County Mayor/Date	13 10 11
		8 4, → 10 7	
All requ	ests requiring committee approval are due to Sr. Financ	ial Analyst's Office by noon on the Tuesday before the Budget Com	nittee Meeting.
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ye	cutive Committee 4	pprovat	
	12-102-12		
	11	111-	
(//	when XX allowed	1/2//	
11/	HINO IVIXOUNDER	25/1 5000	

FY 17-18

Department: Recycle

Debi	artificitt.		
Account:	101-05575	1	

	Account Number	ng the need or purpose MUST accompany amendme Description	Amount
то	101-055751-500720	Plant Operation Equipment	12,148.5
		TOTAL	12,148.59
	Account Number	Description	Amount
FROM	101-055751-500452	Utilities	12,148.59
			T 11
		TOTAL	12,148.59
Explanation	Add electric gate & card reader for w	aste pick-up, security cameras, and misc start up tools a	and equipment.

FY 17-18

Department: Accounting

Account:	101-52100
ACCOUNT.	101-02100

		71000 011111	
✓Tra □De □Ind □Ad	crease (raising adopted budget due to unfore ljustment (correction to adopted budget due to	oreseen effect on "revenue" or "expense") eseen effect on "revenue" or "expense") "grant award" or "budgetary adjustment")	1700 2946
		ng the need or purpose MUST accompany amendi	
	Account Number	Description	Amount
то	101-52100-500422	Food Supplies	300.00
_			
			·
			[ſ
		TOTAL	300.00
		TOTAL	000.00
	Account Number	Description	Amount
FROM	101-52100-500425	Gasoline	300.00
		TOTAL	300.00
Explanat	ion: food for special called meeting		
a.,p.,	loca for openial dalled meeting	· Lamina.	
	As		
	1 (1)		
	Meddenard 12/12/17		2-12-11
Signature	of official/Department lead/Date	Signature of County Mayor/Date	4.
NAME OF TAXABLE PARTY.		1 - 1 - 1 - 1 - 1	A STATE OF THE STA