Budget Amendment Request

FY 17-18

Department: 54110
Account: Sheriff

		Account: Sheriff	
Type	e of Amendment: (check one)		
Charles St.	ansfer (no overall change to adopted budge	et)	
		foreseen effect on "revenue" or "expense")	
The second second	William St. of China and St.	reseen effect on "revenue" or "expense")	
	ljustment (correction to adopted budget due t	-	
	IF an Increase or Decrease, a memo explain	ing the need or purpose MUST accompany amendme	ent form
	Account Number	Description	Amount
TO	101-54110-500106	DEPUTIES	40,385.00
	140	SALARY SUPPLEMENTS	4,000.00
	187	OVERTIME	2,000.00
	201	SOCIAL SECURITY	2,862.00
	204	STATE RETIREMENT	6,001.00
	206	EMPLOYEE INS LIFE	48.00
	207	EMPLOYEE INS HEALTH	15,190.00
	208	EMPLOYEE INS- DENTAL	310.00
	210	UNEMPLOYMENT	62.00
		TOTAL	70,858.00
		L -	
	Account Number	Description	Amount
FROM	101-0-449900-0	OTHER LOCAL REVENUE	77,715.00
	THE PERSON NAMED OF THE PE		
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			HIRITAGE CONT.
		TOTAL	77,715.00
Explanati	on: 2 BCSO officers to comice Town	of Louisville (to be paid for by Town of Louisville)	77,770,00
CAPIOTICO	2 BC3O bilicers to service Town to	of Louisville (to be paid for by Town of Louisville)	
×		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
			
	1		
Xan	ul /2 10/31/17		
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.

Budget Amendment Request

		FY 17-18	Department: 54110 Account: Sheriff	
☐Tra ☐Dec ☑Inci	of Amendment: (check one) nsfer (no overall change to adopted but crease (reducing adopted budget due to rease (raising adopted budget due to ut lustment (correction to adopted budget du **IF an Increase or Decrease, a memo expli-	unforeseen effect on nforeseen effect on "re ue to "grant award" or	"revenue" or "expense") evenue" or "expense") "budgetary adjustment")	nt form***
	Account Number	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	Description Description	Amount
то	101-54110-500212	EMPLO	OYER MEDICARE	668.00
	499	OTHER CON	NTRACTED SERVICES	4,000.00
	513	WORKER'S COM	MPENSATION INSURANCE	2,189.00
			TOTAL	6,857.00
Т	Account Number		Description	Amount
FROM				
Explanatio	on: 2 Louisville officers - pg 2		TOTAL	0.00
an	W. L. A. 10/31/17	Signature of C	nuntv Mavor/Dato	

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

Fund:	101 Account: 54110		SHERIFF (2 DEPUTIES TO WORK CITY OF LOUISVILLE)		
Expense			Requested Budget FY		
Line	Project	Account Title	17/18	Notes:	Prorated
		SALARY & BENEFITS:			
500106	5 (DEPUTIES	70,000	2 DEPUTIES @ \$35,000	40,385
500140) (O SALARY SUPPLEMENTS	8.000		40,383
500187	7 (O OVERTIME	2,000	Control of Annual Control of A	2000
500201	L (O SOCIAL SECURITY	4,960		2,862
500204	ļ (O STATE RETIREMENT	10,402		6,001
500206	5 (DEMPLOYEE INS LIFE	83		48
500207	7 (0 EMPLOYEE INS HEALTH	26.040	ASSUME FULL BENEFITS	15,190
500208	3 (D EMPLOYEE INS- DENTAL	531		310
500210) (O UNEMPLOYMENT	108		62
500212	2	0 EMPLOYER MEDICARE	1,160		669
500499)	OPERATIONS: O OTHER CONTRACTED SERVICES	3.800	2 AEDS & JUMP BAGS FOR EMRS	4000
500513		0 WORKER'S COMPENSATION INSURANCE	2,189	The state of the s	4000 2189
		TOTAL EXPENDITURES	129,273		77,715

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