

FY 16-17

Department: SHERIFF

Departme		
Account:	053900	

		Account: 053900	
Type	of Amendment: (check one)		
	insfer (no overall change to adopted bud	lget)	
A STATE OF	crease (reducing adopted budget due to u	unforeseen effect on "revenue" or "expense")	
	rease (raising adopted budget due to un	foreseen effect on "revenue" or "expense")	
Ad	justment (correction to adopted budget due	e to "grant award" or "budgetary adjustment")	
		ining the need or purpose MUST accompany amendmen	nt form***
	Account Number	Description	Amount
			1,800.00
то	500204	STATE RETIREMENT	
	500207	EMPLOYEE HEALTH	24,000.00
			~
_			
		TOTAL	25,800.00
	Account Number	Description	Amount
			25,800.00
FROM	500109	CAPTAINS	25,600.00
_			
	-		
		TOTAL	25,800.00
Explanat	TO COVER SHORTFALLS	(A)	
		2.75 X	
		* 1	
1	0	Carty	
Xam		10 Hours	
signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	

PO:	STE	10
1600	37	195

FY 16-17

Department: Health
Account: 101-55110

✓Tra □De □Inc □Ad	rease (raising adopted budget due to un justment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	ant form***
		nining the need or purpose MUST accompany amendm Description	Amount
	Account Number	Other Contracted Services	200.00
то	101-55110-500399	Other Contracted Services Other Contracted Services	805.98
	101-55110-500399 101-55110-500399	Other Contracted Services Other Contracted Services	500.00
	101-33110-300333		
		TOTAL	1,505.98
	Account Number	Description	Amount
FROM	101-55110-500347	Pest Control	200.00
	101-55110-500335	Maintenance & Repair Building	805.98
	101-55110-500435	Office Supplies	500.00
		TOTAL	1,505.98
Explana	To cover mowing expenses	TOTAL	1,505.96
_	e of Official/Department Head/Date	Signature of Codnty Mayor/Date cial Analyst's Office by noon on the Tuesday before the Budget Com	-21-17



Department: Drug Task Force FY 16-17 Account: 054150 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 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 3,700.00 Other Contracted Services 500399 то TOTAL 3,700.00 Amount Description Account Number 3,700.00 Automobile Repair FROM 500338 TOTAL 3,700.00 Explanation: to pay for updates to computer software

Signature of Official/Department Head/Date

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

Department: Transfers Outs 600 3749
Account: 101-99100

FY 16-17

Type	of Amendment: (check one)			
Tra	insfer (no overall change to adopted budg			
✓De		e (reducing adopted budget due to unforeseen effect on "revenue" or "expense")		
Inc	rease (raising adopted budget due to unf	oreseen effect on "revenue" or "expense")		
Ad	justment (correction to adopted budget due	to "grant award" or "budgetary adjustment")		
		ning the need or purpose MUST accompany amendm	ent form***	
	Account Number	Description	Amount	
	Account Number	Description	7	
то				
-				
		TOTAL	0.00	
		TOTAL	0.00	
			Amount	
	Account Number	Description		
FROM	101-99100-500590	Transfers Out	-12,048.00	
-				
		TOTAL	-12,048.00	
Explanat	used Cable franchise fee reven	ue instead of transfers out to cover Hwy increase in pr	emiums-	
due to t	he fact they do not receive tax dollars			
		•		
	1. /			
	MAI 1	S R	. 1	
	/1/// 12 a.k.	10 5.8.18	2-17-17	
C1	Sofficial Management House 2/1	Signature of County Mayor Date	- '/ 'L	
signature	of Official/pepartment Head/Date	J J		
* All room	ects requiring committee and oval are due to Sr. Financia	al Analyst's Office by noon on the Tuesday before the Budget Com	mittee Meeting.	



FY 16-17

Department: Transfers Out

Departme		
Account:	101-99100	

Type of Ame	ndment: (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
то	101-53120-500207	Employee Health	9,243.00
İ	101-53400-500207-420	m.	1,630.50
	101-52500-500207		4,182.00
	101-53200-500207		1,149.00
	101-51500-500207		1,156.50
	101-53310-500207		2,550.00
	101-55110-500207		5,661.00
	101-53500-500207		1,470.00
	101-55120-500207	Was Aller	1,876.50
		TOTAL	28,918.50

	Account Number	Description	Amount
FROM	101-99100-500590	Transfers Out	116,514,00
	c		
		TOTAL	116,514.00

Fvn	lana	tion	

Transfer to cover increase in employer medical premiums for 2017 as adopted by the Commission on August 18, 2016.

Signature of Official/Department Head/pate

Signature of County Mayor/Date

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Department: Transfers Out

新州市 新祖 李 四周

		FY 16-17 Department: Fransi	ers Out
		Account: 101-99100	
	Amendment: (check one)		
✓ Transfe			
Decreas		o unforeseen effect on "revenue" or "expense")	
Increase		inforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	
	Descriptory.		***
***IF (laining the need or purpose MUST accompany a	Amount
	Account Number	Description	
то	101-52100-500207	Employee Health	2,014.50
	101-51710-500207		1,378.50
	101-54410-500207		513.00
	101-51800-500207		2,029.50
	101-51900-500207		360.00
	101-52200-500207		1,026.00
	101-51910-500207		306.00
	101-51920-500207		513.00
	101-51310-500207		697.50
		TO	TAL 8,838.00
			0,000.00
	Account Number	Description	Amount
FROM	101-99100-500590	Transfers Out	116,514.00

		1(,0)	
	and the state of t		
		- TO	ΓAL 116,514.00
Explanation:	Transfer to cover increase in emp	loyer medical premiums for 2017 as adopted by the Com	mission on August 18, 2016.
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/ // //	IN INC. AND 271	110	

*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

Department:	Transfers Out	
Account: 101		

		FY 16-17 Department: Transiers Out	
		Account: 101-99100	
	e of Amendment: (check one)		
-	ansfer (no overall change to adopted bu		
		unforeseen effect on "revenue" or "expense")	
		nforeseen effect on "revenue" or "expense")	
	A CONTRACTOR OF THE CONTRACTOR	ue to "grant award" or "budgetary adjustment")	
		aining the need or purpose MUST accompany amendm	
	Account Number	Description	Amount
то	101-52600-500207	Employee Health	1,171.50
	101-51300-500207		720.00
	101-51720-500207		658.50
	101-53910-500207		1,524.00
	101-52300-500207		4,488.00
	101-51600-500207		2,251.50
	101-53900-500207		2,581.50
	101-54110-500207		37,060.50
	101-54210-500207		20,691.00
		TOTAL	71,146.50
		<u> </u>	
	Account Number	Description	Amount
FROM	101-99100-500590	Transfers Out	116,514.00
		NAV'	
	A 3 11 12 12 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14		
		momut	440.544.00
		TOTAL	116,514.00
Explana	tion: Transfer to cover increase in emplo	over medical premiums for 2017 as adopted by the Commission o	n August 18, 2016.
,			
	1 ()		
	////		
	IV fragan 2/11	7	•
Signetur	e of Official/Department Head/Date	Signature of County Mayor/Date	

Blount County Government

Budget Amendment Request Department: Transfers Out FY 16-17 Account: 101-99100 Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease (raising adopted budget due to unforeseen effect on "revenue" or "expense") Increase 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 5,268.00 Employee Health 101-54240-500207 TO 153.00 101-57500-500207 1,677.00 101-52400-500207 513.00 101-58300-500207 **TOTAL** 7,611.00 Amount Description Account Number 116,514.00 Transfers Out FROM 101-99100-500590 116,514.00 **TOTAL** Transfer to cover increase in employer medical premiums for 2017 as adopted by the Commission on August 18, 2016. Explanation:

Signature of County Mayor/Date Signature of Official/Department /lead/Date

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FY 16-17

Penartment Juvenile Court

Department: Juvenile Court	
Account: 053500	

✓Tra □Dec □Inc	rease (raising adopted budget due to un justment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	
*		nining the need or purpose MUST accompany amendme	Amount
	Account Number	Description	
то	101-053500-500330	new copier / Lease payment	300.00
		TOTAL	300.00
		<u> </u>	
	Account Number	Description	Amount
FROM	101-53500-500599	transfer to 330 for new lease payment	300.00
-			
\rightarrow			
		TOTAL	300.00
E	No. 1 180 December 1995	 	300.00
Explanati	Need additional copier transfer	r funds to cover lease payment.	
	of Official/Department Head Date	Signature of County Mayor/Pate cial Analyst's Office by noon on the Tuesday before the Budget Comm	2-11-17

	USTER	
5000		
	1600 374	1
	1000 7111	

Department: Soil Conservation District

FY 16-17 Account: 101-57500 Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") (raising adopted budget due to unforeseen effect on "revenue" or "expense") Increase 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 *** Description **Account Number** 2,000.00 Other Contracted Services 500399 TO **TOTAL** 2,000.00 Amount Description **Account Number** 2,000.00 Employee Insurance--Health FROM 500207 TOTAL 2,000.00 Explanation: See attached Letter:

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

Fcs. 15, 2017

Signature of Official/Department Head/Date



Blount County Soil Conservation District 221 Court Street; Maryville, TN 37804 Phone: (865) 983-2011 Fax: (865) 982-2027

http://www.blounttn.org/soil/

Board of Supervisors:

Albert Coning Chairman

Dave Fugate Fice Chairman

Mary Gentry Ex. Secretary Treasurer

Lonnie Cooper

Andy Daugherty, DVM

District Staff:

Erich Henry Director of Conservation ehenry@blounttn.org

Leah Gardner Ecological Landscape Consultant Lgardner@blounttn.org

Jerry Frady Conservation Specialist

Lisa Phipps Homeowner Outreach &Education Coordinator Imnop1@bellsouth.net

Natural Resources Conservation Service:

Jason Miller District Conservationist Jason Miller@tn.usda.gov February 15, 2017

Mayor Ed Mitchell **Blount County Government** 341 Court Street Maryville, TN 37804

Dear Mayor Mitchell,

Please find attached a request for a line item transfer.

Specifically, the transferred funding shall be used for the maintenance and development of multiple riparian restoration sites (i.e. Eagleton Middle School "Outdoor Environmental Learning Area") designed to improve water quality and natural resource conditions.

Transferred funding shall be derived from our health insurance line item as the totality of the original allocated funds for fiscal year 2017 will not be used since we did not pursue a shared-staff position with UT Extension.

Thank you for your consideration and contact me with any questions.

Sincerely,

Erich Henry

Director of Conservation

Blount County Soil Conservation District



FY 16-17

Department: Elections

Dehartine	TILE	
Account:	101-51500	

Тур	e of Amendment: (check one)		
✓ Tr	ansfer (no overall change to adopted bu		
De		unforeseen effect on "revenue" or "expense")	
		nforeseen effect on "revenue" or "expense")	
AVO	flustment (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 amendm	nent form
	Account Number	Description	Amount
то	500711	Furniture & Fixtures	1,800.00
	000711	, annual of the state of the st	
		TOTAL	1,800.00
		T	
	Account Number	Description	Amount
FROM	500332	Legal Notices, Recording & Court Costs	1,800.00
_			
		TOTAL	1,800.00
		L	
Explanat	Purchasing 4 L-shaped desks	and 1 corner desk for staff due to very limited surface w	orkspace up front.
		(12)	
		(Jr	
			<u> </u>
X.,	as dialess 1/4/	7	- 10 M
M	san Highes 2/16/1	1 Ta plus	2-17-11
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	.v 3.€0
	THE RESERVE OF THE PROPERTY OF	The state of the s	mittee Meeting

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FY 16-17

Department: GPSF

Departme		 	
Account:	141-72410		
1 100000111		 	

то			
			44.500
	141-72810-471	Software	41,500.
		TOTAL	41,500.0
	Account Number	Description	Amount
FROM		- 1000 -	44.500
	141-72410-307	Communications	41,500.
		TOTAL	41,500.
Explanation	Transfer funds to purchase school s	tudent registration software.	
1	gan 1-21-17	5/10	7-17-17
1 1 1 2 201 18	artment Head/Date	Signature of County 44 of Date	



		Department: Circuit Court Cle Account: 053120	erk
✓ Transfer✓ Decrease✓ Increase✓ Adjustme	(raising adopted budget due to unfor ent (correction to adopted budget due to	et) foreseen effect on "revenue" or "expense") reseen effect on "revenue" or "expense") o "grant award" or "budgetary adjustment")	***
***IF ar	Account Number	ing the need or purpose MUST accompany amendmen Description	Amount
то	101-053120-500356	Tuition	2,975.00
			41
	* •	TOTAL	2,975.00
	Account Number	Description	Amount
FROM	101-053120-500317	Data Processing Services	2,975.00
Explanation:	Fundamentals of a Windows Server	TOTAL ver Infrastructure class for Chief Deputy of Technology	2,975.00

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1	600	26	278
1	000		10

		FY 16-17 Department: Risk	Lanagement
		Account:	M2
Тур	e of Amendment: (check one)		
× Tr	ansfer (no overall change to adopted bu		
		unforeseen effect on "revenue" or "expense")	
		nforeseen effect on "revenue" or "expense")	
	(correction to adopted budget du	ie to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo expl	nining the need or purpose MUST accompany amendr	nent form
	Account Number	Description	Amount
то	263-58900-500516	misc-self-insured claims	200,000
	00 3 38 100 300 376	THISC SELL HESILTER CANTINES	300/100
	•		
	×		
		TOTAL	0.00
	A consumb Alivershop	Description	Amount
	Account Number	Description	Amount
FROM			_
	2103-58900-500506	misc-liability insurance	200,000
			111
		(4)	
		9	
		TOTAL	0.00
			0.00
Explana	tion: For GL settlement	+ future legal invoices	
	related to liability		
		44.	
		G/IAN	
0	2/13/17	1 Delot	
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	



FY 16-17

Department: Sheriff

Departine		
Account:	054240	

✓Tra □De □Ind □Ad	rease (raising adopted budget due to u ljustment (correction to adopted budget de	unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	and forms ***
		aining the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
ТО	101-054240-500499-0	Other Supplies & Materials	5,000.00
-			
	10.	TOTAL	5,000.00
	Account Number	Description	Amount
FROM	101-054240-500356-0	Tuition	3,000.00
	101-054240-500399-0	Other Contracted Services	2,000.00
Explanati	on: To place funds in an account v	TOTALwe can use to purchase supplies and materials for a large	5,000.00 painting project
/ /	of Official/Department Head/Date 2-6-17 ests requiring committee approval are due to Sr. Finance	Signature of County Mayor/Date cial Analyst's Office by noon on the Tuesday before the Budget Commi	11

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FY 16-17

Department: Hwy
Account: 62000

again a	a a ser emplose expressed to the	Account			
	f Amendment: (check one)				
✓ Trans	fer (no overall change to adopted budge	t)	25		
1000	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
Increa	se (raising adopted budget due to unfor	eseen effect on "revenue" or "expense")			
	tment (correction to adopted budget due to				
/	F an Increase or Decrease, a memo explaini	ng the need or purpose MUST accompany amendme	nt form		
(*************************************	Account Number	Description	Amount		
то	131-062000-500399	Other Contracted Services	20,000.00		
10			5,000.00		
	131-062000-500499	Other Supplies & Materials	0,000.00		
		TOTAL	25,000.00		
		1			
	Account Number	Description	Amount		
FROM	131-062000-500726	State Aid Projects	25,000.00		
	101 002000 000120				

		TOTAL	25,000.00		
Explanation:	Move state aid overage to accounts to	be used for striping, guardrail, and other contracted road pre-	ojects.		
		(A)			
		1.00			
		2			
\rightarrow					
n (5)	M / 2/7/17	947 M 2-9	-17		
- 11 /	Juda D	Signature of County Mayor Date			
DIRECTOR OF	Official/Department Head/Date	Signature of county many from			



Department: Hwy FY 16-17 Account: 61000 Type of Amendment: (check one) Transfer (no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease (raising adopted budget due to unforeseen effect on "revenue" or "expense") Increase 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 Account Number Description 1,000.00 Travel TO 131-061000-500355 500.00 Dues & Memberships 131-061000-500320 **TOTAL** 1,500.00 Amount Description **Account Number** 1,500.00 Maint Agreement FROM 131-061000-500334 1,500.00 **TOTAL** To cover shops Hydraulic school and new membership to TN Road Builders Assc. Explanation:



		FY 16-17 Department: Property Asset Account: 101-052300	essor
✓Tr: □De □Ine □Ac	crease (raising adopted budget due to un ljustment (correction to adopted budget du		nent form***
	Account Number	Description	Amount
то	101-052300-500355	Travel	200.00
		TOTAL	200.00
		TOTAL	200.00
	Account Number	Description	Amount
FROM	101-052300-500425	Gasoline	200.00
Explana	To cover lodging expenses for	TOTAL r classes in March	200.00

Budget Amendment Request

FY 16-17

Department: Civil Defense

1600 3566

		Account: 54410	7,		
Tvp	e of Amendment: (check one)	4			
	ansfer (no overall change to adopted but	dget)			
		unforeseen effect on "revenue" or "expense")			
	Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")				
		e to "grant award" or "budgetary adjustment")			
		nining the need or purpose MUST accompany amendm	ent form ***		
	Account Number	Description	Amount		
		Communications	259.55		
то	101-54410-500307	Communications	209.00		
	(8)				
	The state of the s				
		TOTAL	259.55		
		·-			
	Account Number	Description	Amount		
FROM	Account Number 101-54410-500399	Description Contracted Services	Amount 259.55		
FROM					
FROM		Contracted Services	259.55		
FROM					
FROM	101-54410-500399	Contracted Services TOTAL	259.55		
	101-54410-500399	Contracted Services TOTAL	259.55		
	101-54410-500399	Contracted Services TOTAL	259.55		
	101-54410-500399	Contracted Services TOTAL	259.55		
	101-54410-500399	Contracted Services TOTAL	259.55		
	101-54410-500399	Contracted Services TOTAL	259.55		

^{*}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 16-17 Department: Central Service Account: 101-52220	es (600 7
	of Amendment: (check one)		
Incr Adji	rease (reducing adopted budget due to understanding adopted budget due to understanding description to adopted budget due to understanding description	dget) unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") uning the need or purpose MUST accompany amendm	ent form***
	Account Number	Description	Amount
то	101-52220-500211	Local Retirement	55,000.00
	101-52220-500307	Communications	65,000.00
	ě .	TOTAL	120,000.00
	Account Number	Description	Amount
ком	101-52220-500331	Legal Services	40,000.00
	101-52220-500316	Contributions	40,000.00
	101-52220-500399	Other Contracted Services	40,000.00
		TOTAL	120,000.00
planatio	transfer based on trending exp	enditures	

Signature of Official/Department Head/Date

*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 16-17

Department: Health
Account: 101-55110

□ De	rease (raising adopted budget due to un	lget) unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	
•	***IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amend	ment form ***
	Account Number	Description	Amount
то	101-55110-500 399	other contracted services	103.66
_			
		TOTAL	0.00
		TOTAL	0.00
	Account Number	Description	Amount
FROM	101.85110.500457	utilities	\$103-66
	10. 05(10 500) 0 3	00(1111)	
		100	
\rightarrow			
			A .
		TOTAL	4103-66 0.00
Explanat	ion:		
Signature	of Official/Department Head/Date	Signature of County Mayor/Dave	2-6-17

16003532 lerk

		L1 12-10	. (
		Department: Circuit Court Cl	erk
		Account: 101-053120	
Type	of Amendment: (check one)		
	nnsfer (no overall change to adopted but	doet)	
-		unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense")	
		e to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendme	nt form ***
	Account Number	Description	Amount
то	101-053120-500711	Furniture & Fixtures	1,543.00
10	101-033120-300711	Turnitate a Fixtares	1,010100
_			
	-		
			*
		TOTAL	1,543.00
			1,010.00
	A IN L.		Amount
	Account Number	Description	
FROM	101-053120-500349	Printing	1,543.00
	7		
		mom I I	4.540.00
		TOTAL	1,543.00
Explanat	ion: Work island in civil/OP office.		
		(10)	
120			
		9	
	_ / . /		
_	V (1111)	, SEXOL	
	Som / Calelin 1/3	oli To with	2-6-17
ignatur	of Official/Department Head/Date	Signature of County Mayor/Date	



FY 16-17

Department: Data Processing
Account: 101-52600

	justment (correction to adopted budget due to		
4	***IF an Increase or Decrease, a memo explaini	ng the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-52600-500709	Data Processing Equipment	15,000.00
	orali del acción de la compania del compania de la compania de la compania del compania de la compania del la compania de la c	TOTAL	15,000.00
	Account Number	Description	Amount
FROM	101-52600-500105	Supervisor	15,000.00
Sunda est		TOTAL	15,000.00
Explanat	ion:	(A) /	
		O Y	

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



		FY 16-17 Department: Hwy Account: 61000	
✓ Transf ☐ Decrea ☐ Increa ☐ Adjust	(reducing adopted budget due to unitse (raising adopted budget due to unforment (correction to adopted budget due to		ent form***
	Account Number	Description	Amount
то	131-061000-500719	Office Equipment	500.00
		TOTAL	500.00
	Account Number	Description	Amount
FROM	131-061000-500707	Building Improvements	500.00
Explanation:	Purchase technology-ready lecture	TOTAL	2-6-17

Budget Amendment Request

FY 16-17

Department: Library Account: 115-051800

	3		
16	00	35	30

		unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	
-		ining the need or purpose MUST accompany amendme	ent form ***
	Account Number	Description	Amount
то	115-051800-500335-0	Maintenance & Repair Buildings	1,243.80
)			
		TOTAL	1,243.80
FROM	Account Number	Description	Amount
FROIVI	115-051800-500207-0	Employee Insurance - Medical	1,243.80
	н н н н н н н н н н н н н н н н н н н		

\neg			
	J.	TOTAL	1,243.80
Explanati	on: Unexpected invoice for installation	on of fiber @ new Learning Lab building.	1,243.00
	- Vu)	
	(3)	/	
Del 6	3	SIXIN .	,11
ignature	Source 2-3-17 of Official/Department Head/Date	Signature of County Mayor/Date	-17



FY 16-17

Department: School Nutrition

Department		
Account: 14	3-73100	

Type o	f Amendment: (check one)	***	
✓ Trans		get)	
Decre	and the second s	nforeseen effect on "revenue" or "expense")	
Incre	ase (raising adopted budget due to unfo	preseen effect on "revenue" or "expense")	
Adjus	stment (correction to adopted budget due	to "grant award" or "budgetary adjustment")	
***	IF an Increase or Decrease, a memo explair	ning the need or purpose MUST accompany amendme	ent form ***
	Account Number	Description	Amount
то			
	143-73100-354	Transportation for Commodities	10,000.00
	110 10100 001	Transportation for Comments	1,100.00
-+			
		TOTAL	10,000.00
	Account Number	Description	Amount
FROM			
	143-73100-165	Part-time Personnel	10,000.00
		TOTAL	10,000,00
Funlanation!	Transfer for the state of the s	<u></u>	10,000.00
Explanation:	Transfer funds for commodities to	ransportation costs that are higher than expected.	
		()	
1	7	8 1 R/1 -	111
IL	oy dogon 1-27-17	Monthly L	-4-11
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.

ADDIOVED BY The

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FY 16-17

Department: Food Service

Account:	143-73100
ACCOUNT	140 10100

✓Tr □De □In	crease (raising adopted budget due to un ljustment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	
		ining the need or purpose MUST accompany amendm	
	Account Number	Description	Amount
то			
	143-73100-336	Maintenance & Repairs	40,000.00
		TOTAL	40,000.00
	*		
	Account Number	Description	Amount
FROM			
	143-73100-165	Part-time Personnel	25,000.00
	143-73100-207	Employee Insurance - Health	10,000.00
	143-73100-450	USDA - Commodities	5,000.00
		TOTAL	40,000.00
Explanat	Higher than expected repair of	kitchen equipment.	
Signature	Loy Roger 1-24-17	Signature of County Mayor/Date	-6-17

*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

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16	000	35	27

Department:	GPSF	**
•		

		FY 16-17 Department: GPSF	
		Account: 141-76100	
Type	e of Amendment: (check one)		
	ansfer (no overall change to adopted I	audget)	
		to unforeseen effect on "revenue" or "expense")	
		unforeseen effect on "revenue" or "expense")	
100000			
-		due to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo ex	plaining the need or purpose MUST accompany amendme	nt form ***
	Account Number	Description	Amount
то			
10			04.450.00
	141-76100-304	Architects	21,450.00
		1	
-			
		TOTAL	21,450.00
	Account Number	Description	Amount
50014			
FROM			
	141-76100-707	Building Improvements	21,450.00
		TOTAL	21,450.00
Explanat	ion:	. 	
Transfe	er estimated architect fees on EMS roofing	project to correct account code.	
-		() <u>)</u>	
		10-10	
	1,00, 7 , 22 ,-	15 /X 1 X 1 1	-6-17
Circ.	104 Jogan 1-23-17 of Official/Degartment Head/Date	Commence of Country March & L.	611
Signature	or Unicial/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

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FY 16-17

Department: GPSF

Account:	141-72620	
Account:	141-72020	

☑ Transfer (no overall change to adopted budget) (no overall change to adopted budget due to unforeseen effect on "revenue" or "expense") ☐ Increase (reducing 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 **** TO 141-72620-799 Other Capital Outlay 7,000.00 141-72620-799 Other Capital Outlay 7,000.00 Account Number Description Amount FROM 141-72620-425 Gasoline 7,000.00 141-72620-425 Gasoline 7,000.00 Explanation: TOTAL 7,000.00 Explanation: Transfer available funds from gasoline expense account to other capital outlay for various capital items costing in excess of	Type	of Amendment: (check one)		
Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") ****F an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** Account Number Description Amount 10 141-72620-799 Other Capital Outlay 7,000.00 141-72620-799 Other Capital Outlay 7,000.00 TOTAL 7,000.00 Account Number Description Amount TOTAL 7,000.00 Account Number Description Amount FROM Account Number Description Amount FROM 141-72620-425 Gasoline 7,000.00 141-72620-425 Gasoline 7,000.00 TOTAL 7,000.00 TOTAL 7,000.00			dget)	
Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") *** F an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** Account Number Description Amount	De	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** Account Number Description Amount	Inc	rease (raising adopted budget due to ur	foreseen effect on "revenue" or "expense")	
Account Number Description Amount	Ad	justment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")	
Account Number Description Amount	al .	***IF an Increase or Decrease, a memo explo	nining the need or purpose MUST accompany amendme	ent form***
TO				
141-72620-799 Other Capital Outlay 7,000.00	70			
		114 70000 700	Other Comital Outland	7 000 00
Account Number Description Amount	$\overline{}$	141-/2620-/99	Other Capital Outlay	7,000.00
Account Number Description Amount				
Account Number Description Amount				
Account Number Description Amount	\vdash			
Account Number Description Amount				
Account Number Description Amount				
Account Number Description Amount				
Account Number Description Amount				
Account Number Description Amount	-			
Account Number Description Amount			TOTAL	7 000 00
FROM 141-72620-425 Gasoline 7,000.00 141-72620-425 Gasoline 7,000.00			IOTAL	7,000.00
FROM 141-72620-425 Gasoline 7,000.00 141-72620-425 Gasoline 7,000.00				
TOTAL 7,000.00		Account Number	Description	Amount
TOTAL 7,000.00 Explanation:	FROM			
Explanation:		141-72620-425	Gasoline	7,000.00
Explanation:	\vdash			
Explanation:	\vdash			
Explanation:	\longrightarrow			
Explanation:			TOTAL	7,000.00
(Explanati	ion:		
I rangter available funds from dasoline expense account to other capital outlay for various capital fields coating in excess of		+	and to all an arrital author for various conital items contin	og in evenes of
		er available funds from gasoline expense acco	bunt to other capital outlay for various capital items costi	ig in excess of
\$500.	\$500.		A)	
(1)			198	
1 2 2 11 11 11 11				
		, 7	(X-14/11 1	1 111
Signature of Official/Department Head/Date Signature of County Mayor/Date		104 Logan 1-9-17		6-17

All regulates requiring committee approval and the Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.