

**Blount County Government
Budget Amendment Request**

POSTED
16003811

FY 16-17

Department: SHERIFF

Account: 053900

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*****

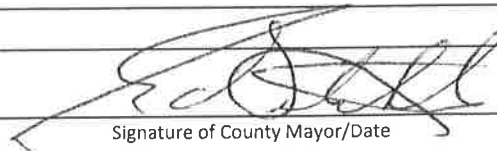
	Account Number	Description	Amount
TO	500204	STATE RETIREMENT	1,800.00
	500207	EMPLOYEE HEALTH	24,000.00
TOTAL			25,800.00

	Account Number	Description	Amount
FROM	500109	CAPTAINS	25,800.00
TOTAL			25,800.00

Explanation: TO COVER SHORTFALLS




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.

Blount County Government
Budget Amendment Request

POSTED
16003795

FY 16-17

Department: Health

Account: 101-55110

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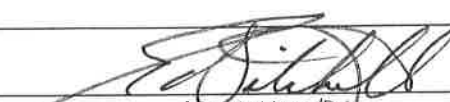
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-55110-500399	Other Contracted Services	200.00
	101-55110-500399	Other Contracted Services	805.98
	101-55110-500399	Other Contracted Servcies	500.00
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

Explanation: To cover mowing expenses

 2/14/17
Signature of Official/Department Head/Date

 2-21-17
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
16003794

Department: Drug Task Force
Account: 054150

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> 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 the request.			
	Account Number	Description	Amount
TO	500399	Other Contracted Services	3,700.00
TOTAL			3,700.00

	Account Number	Description	Amount
FROM	500338	Automobile Repair	3,700.00
TOTAL			3,700.00

Signature of County Mayor/Date

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POSTED
1600 3749

Account: 101-99100

<input type="checkbox"/> Transfer	(no overall change to adopted budget)
<input checked="" type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Adjustment	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO			
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-99100-500590	Transfers Out	-12,048.00
TOTAL			-12,048.00

Signature of Official/Department Head/Date 2/1/17 Signature of County Mayor/Date 2-17-17

*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**

POSTED
16003-145

FY 16-17

Department: Transfers Out

Account: 101-99100

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
TO	101-53120-500207	Employee Health	9,243.00
	101-53400-500207-420	""	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		1,876.50
TOTAL			28,918.50

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

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

 2/1/17
 Signature of Official/Department Head/Date

 2-17-17
 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.

**Blount County Government
Budget Amendment Request**

FY 16-17

Department: Transfers Out

Account: 101-99100

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
TO	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
TOTAL			8,838.00

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

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

 2/1/17
 Signature of Official/Department Head/Date

 Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

FY 16-17

Department: Transfers Out

Account: 101-99100

Type of Amendment: (check one)

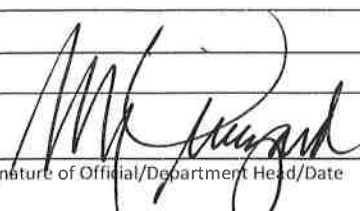
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	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

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

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

 2/1/17
 Signature of Official/Department Head/Date

 Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

FY 16-17

Department: Transfers Out

Account: 101-99100

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
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☐ **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
TO	101-54240-500207	Employee Health	5,268.00
	101-57500-500207	***	153.00
	101-52400-500207		1,677.00
	101-58300-500207		513.00
TOTAL			7,611.00

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

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

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.

**Blount County Government
Budget Amendment Request**

POSTED
16003742

FY 16-17

Department: Juvenile Court

Account: 053500

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
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*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-053500-500330	new copier / Lease payment	300.00
TOTAL			300.00

	Account Number	Description	Amount
FROM	101-53500-500599	transfer to 330 for new lease payment	300.00
TOTAL			300.00

Explanation: Need additional copier transfer funds to cover lease payment.

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.

**Blount County Government
Budget Amendment Request**

POSTED
(600 374)

FY 16-17

Department: Soil Conservation District

Account: 101-57500

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	500399	Other Contracted Services	2,000.00
TOTAL			2,000.00

	Account Number	Description	Amount
FROM	500207	Employee Insurance--Health	2,000.00
TOTAL			2,000.00

Explanation:

See attached Letter.

Signature of Official/Department Head/Date Feb. 15, 2017

Signature of County Mayor/Date 2-17-17

*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 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
Vice 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 Brady
Conservation Specialist

Lisa Phipps
*Homeowner Outreach
& Education Coordinator*
lnnop1@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

POSTEL
16003739

Account: 101-51500

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
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	Account Number	Description	Amount
TO	500711	Furniture & Fixtures	1,800.00
TOTAL			1,800.00

	Account Number	Description	Amount
FROM	500332	Legal Notices, Recording & Court Costs	1,800.00
TOTAL			1,800.00

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.

Blount County Government
Budget Amendment Request

POSTED
16003738

FY 16-17

Department: GPSF
Account: 141-72410

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO			
	141-72810-471	Software	41,500.00
TOTAL			41,500.00

	Account Number	Description	Amount
FROM			
	141-72410-307	Communications	41,500.00
TOTAL			41,500.00

Explanation: Transfer funds to purchase school student registration software.

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 By The
Board of Education 2-2-17

**Blount County Government
Budget Amendment Request
FY 15-16**

POSTED
16003687

Department: Circuit Court Clerk
Account: 053120

Type of Amendment: (check one)

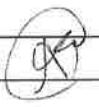
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")



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

	Account Number	Description	Amount
TO	101-053120-500356	Tuition	2,975.00
TOTAL			2,975.00

	Account Number	Description	Amount
FROM	101-053120-500317	Data Processing Services	2,975.00
TOTAL			2,975.00

Explanation: Fundamentals of a Windows Server Infrastructure class for Chief Deputy of Technology



 2/13/17  2-14-17

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.

Blount County Government
Budget Amendment Request

POSTED
16003678

FY 16-17

Department: Risk Management
Account: _____

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	263-58900-500516	misc-self-insured claims	200,000
TOTAL			0.00

	Account Number	Description	Amount
FROM	263-58900-500506	misc-liability insurance	200,000
TOTAL			0.00

Explanation: For GL settlement + future legal invoices
related to liability.

[Signature] 2/13/17
Signature of Official/Department Head/Date

[Signature]
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
16003579

Account: 054240

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Adjustment	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO	101-054240-500499-0	Other Supplies & Materials	5,000.00
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
TOTAL			5,000.00

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.

POSTED
16003578

Account: 62000

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Adjustment	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO	131-062000-500399	Other Contracted Services	20,000.00
	131-062000-500499	Other Supplies & Materials	5,000.00
TOTAL			25,000.00

	Account Number	Description	Amount
FROM	131-062000-500726	State Aid Projects	25,000.00
TOTAL			25,000.00

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.

Blount County Government
Budget Amendment Request

POSTED
16003577

FY 16-17

Department: Hwy

Account: 61000

Type of Amendment: (check one)


- ☒ **Transfer** (no overall change to adopted budget)
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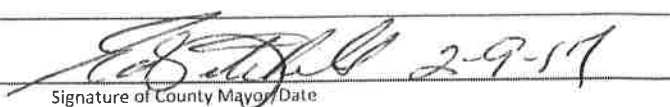
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	131-061000-500355	Travel	1,000.00
	131-061000-500320	Dues & Memberships	500.00
TOTAL			1,500.00

	Account Number	Description	Amount
FROM	131-061000-500334	Maint Agreement	1,500.00
TOTAL			1,500.00

Explanation: To cover shops Hydraulic school and new membership to TN Road Builders Assoc.

 2/7/17
Signature of Official/Department Head/Date

 2-9-17
Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

POSTED
1600 3576

FY 16-17

Department: Property Assessor

Account: 101-052300

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-052300-500355	Travel	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	101-052300-500425	Gasoline	200.00
TOTAL			200.00

Explanation: To cover lodging expenses for classes in March

2-7-17 2-8-17
Signature of Official/Department Head/Date

[Signature] 2-9-17
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

POSTED
1600 3566

FY 16-17

Department: Civil Defense

Account: 54410

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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☐ **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
TO	101-54410-500307	Communications	259.55
TOTAL			259.55

	Account Number	Description	Amount
FROM	101-54410-500399	Contracted Services	259.55
TOTAL			259.55

Explanation: for purchase of Bluetooth and radio battery charger

Signature of Official/Department Head/Date

Signature of County Mayor/Date 2-9-17

*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 Services

Account: 101-52220

POSTED
16003534

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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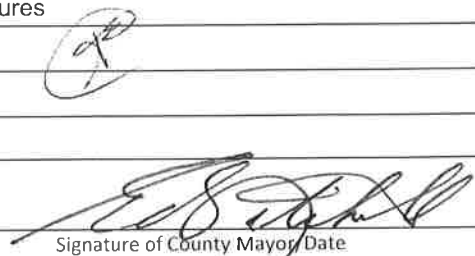
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-52220-500211	Local Retirement	55,000.00
	101-52220-500307	Communications	65,000.00
TOTAL			120,000.00

	Account Number	Description	Amount
FROM	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

Explanation: transfer based on trending expenditures


 Signature of Official/Department Head/Date

 2-6-17
 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.

Blount County Government
Budget Amendment Request

POSTED
16003533

FY 16-17

Department: Health
Account: 101-55110

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-55110-500399	other contracted services	\$ 103.66
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-55110-500452	utilities	\$ 103.66
TOTAL			\$ 103.66 0.00

Explanation:

[Signature] 1/30/17
Signature of Official/Department Head/Date

[Signature] 2-6-17
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.

POSTE
16003532

Account: 101-053120

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Adjustment	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO	101-053120-500711	Furniture & Fixtures	1,543.00
TOTAL			1,543.00

	Account Number	Description	Amount
FROM	101-053120-500349	Printing	1,543.00
TOTAL			1,543.00



Signature of County Mayor/Date E. J. Boyle 2-6-17

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

**Blount County Government
Budget Amendment Request**

POSTED
1600 3504

FY 16-17

Department: Data Processing

Account: 101-52600

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
TO	101-52600-500709	Data Processing Equipment	15,000.00
TOTAL			15,000.00

	Account Number	Description	Amount
FROM	101-52600-500105	Supervisor	15,000.00
TOTAL			15,000.00

Explanation: _____

Joseph Cain
Signature of Official/Department Head/Date

Ed B. Smith 2-6-17
Signature of County Mayor/Date

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Blount County Government
Budget Amendment Request

POSTED
16003531

FY 16-17

Department: Hwy

Account: 61000

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
TO	131-061000-500719	Office Equipment	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	131-061000-500707	Building Improvements	500.00
TOTAL			500.00

Explanation: Purchase technology-ready lecturn for common area

Signature of Official/Department Head/Date 2/2/17

Signature of County Mayor/Date 2-6-17

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Budget Amendment Request

FY 16-17

Department: Library

Account: 115-051800

POSTED
16003530

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
TO	115-051800-500335-0	Maintenance & Repair Buildings	1,243.80
TOTAL			1,243.80

	Account Number	Description	Amount
FROM	115-051800-500207-0	Employee Insurance - Medical	1,243.80
TOTAL			1,243.80

Explanation: Unexpected invoice for installation of fiber @ new Learning Lab building.

(Handwritten initials)

M. B. Smith 2-3-17
 Signature of Official/Department Head/Date

E. J. Smith 2-6-17
 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
16003529

Account: 143-73100

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Adjustment	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO			
	143-73100-354	Transportation for Commodities	10,000.00
		TOTAL	10,000.00

	Account Number	Description	Amount
FROM			
	143-73100-165	Part-time Personnel	10,000.00
		TOTAL	10,000.00

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 By The
Board of Education 2-2-17

**Blount County Government
Budget Amendment Request**

POSTED
1600 352

FY 16-17

Department: Food Service

Account: 143-73100

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
TO			
	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

Explanation: Higher than expected repair of kitchen equipment.

Joy Logan 1-24-17 [Signature] 2-6-17
 Signature of Official/Department Head/Date Signature of County Mayor/Date

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Approved By The
Board of Education 2-2-17

**Blount County Government
Budget Amendment Request**

POSTED
16003527

FY 16-17

Department: GPSF

Account: 141-76100

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
TO			
	141-76100-304	Architects	21,450.00
TOTAL			21,450.00

	Account Number	Description	Amount
FROM			
	141-76100-707	Building Improvements	21,450.00
TOTAL			21,450.00

Explanation:

Transfer estimated architect fees on EMS roofing project to correct account code.

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 By The
Board of Education 2-2-17

**Blount County Government
Budget Amendment Request**

POSTED
16063526

FY 16-17

Department: GPSF

Account: 141-72620

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
TO			
	141-72620-799	Other Capital Outlay	7,000.00
TOTAL			7,000.00

	Account Number	Description	Amount
FROM			
	141-72620-425	Gasoline	7,000.00
TOTAL			7,000.00

Explanation:

Transfer available funds from gasoline expense account to other capital outlay for various capital items costing in excess of \$500.

Troy Logan 1-9-17
Signature of Official/Department Head/Date

[Signature] 2-6-17
Signature of County Mayor/Date

Approved By The
Board of Education 2-2-17

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