

Department: Hwy FY 16-17 Account: 131 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 131-061000-500356 Tuition 300.00 TO TOTAL 300,00 Description Amount Account Number 300.00 FROM 131-061000-500355 Travel TOTAL 300.00 Explanation: Advanced scan tool diagnostics school for Sean Anderson and David Brust.

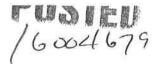


FY 16-17

Department: Information Technology

Account: 101-52600

Typ	e of Amendment: (check one)		
	ansfer (no overall change to adopted by		
De	ecrease (reducing adopted budget due to	o unforeseen effect on "revenue" or "expense")	
lin	crease (raising adopted budget due to u	inforeseen effect on "revenue" or "expense")	
A	Justment (correction to adopted budget d	ue to "grant award" or "budgetary adjustment")	
		laining the need or purpose MUST accompany amendm	ent form ***
	Account Number	Description	Amount
то	500169	Part Time	3,000.00
		TOTAL	3,000.00
	Account Number	Description	Amount
	500105	Supervisor/Director	3,000.00
FROM	500105	Super visor/Director	
-			
		TOTAL	3,000.00
Explana	tion: Funding for pay of Part Time	Intern (A)	
r		(%)	
		100	
~	11	2/XXXIII	1111
Jones	eph Cain 4-24-17	Miller 4.	76-11
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	
_			116 S 64 25 - 1



		FY 16-17 Department: Hwy Account: 061000	
□ Tr. □ De □ Inc	crease (raising adopted budget due to unf ljustment (correction to adopted budget due		ndment form***
	Account Number	Description	Amount
то	131-061000-500707	Building Imporvements	100.00
		TOTA	L 100.00
	Account Number	Description	Amount
FROM	131-061000-500415	Electricity	100.00
Explanat	Unanticipated safety cable for li	TOTA ghting project in the shop. sb	L 100.00
Constitution	All Jeachet 4/24/1	Signature of County Mayor/Date	426-17



FY 16-17

Department: Property Assessor 600 4678
Account: 101-052310

	e of Amendment: (check one)			
200	ansfer (no overall change to adopted budg			
		nforeseen effect on "revenue" or "expense")		
	crease (raising adopted budget due to unfo	preseen effect on "revenue" or "expense")		
361366	ljustment (correction to adopted budget due			
		ning the need or purpose MUST accompany amendme		1 WWC
	Account Number	Description	Amount	
то	101-052310-500355	Travel	450.00	950.0
				1
				1
				1
				1
				1
				-
11				LIAN:
				AM
		TOTAL	450.00	950
				TOB I
	Account Number	Description	Amount	Im.
FROM	101-052310-500399	Other Contracted Services	450.00	950.
				J
				1
				1
				1
\dashv				KI
				MM.
	\$F			CIV.
		TOTAL	4 50:0 0	1950.
Explanat	tion: Move funds to cover travel exper	nses for 5 appraisers going to classes in August		
	/			
		20		
		OS XAII I	1 11	
	2- Helfe 4-25-17	Signature of County Mayor/Date	0-1/	



FY 16-17

Type of Amendment: (check one)

Department: Property Assessor

Account: 101-052310

(revenue" or "expense")

	Account Number	ning the need or purpose MUST accompany amendment Description	Amount
то	101-052310-500 956 35 5	Fuition Travel	2,500.00
	300		
			v
12.			
		TOTAL	2,500.00
	Account Number	Description	Amount
FROM	101-052310-500338	Maintenance & Repair - Vehicles	2,500.00
\dashv			
		TOTAL	2,500.00
Explanat	Move funds to pay for Appraise	r classes coming up in June, August, October, & Novem	
Explanat	iviove failed to pay for Apprecise	Total See See See See See See See See See Se	-
		1	-
	<u> </u>		
	1-11/1/11-11	9 KAller	26-17
	1-Help 4-25-17	Signature of County Mayor/Date	26-17



FY 16-17

Department: County Commission
Account: 101-051100-356

		ACCOUNT. 101 001 100 000	
Type	of Amendment: (check one)		
	ensfer (no overall change to adopted bu	dget)	
		unforeseen effect on "revenue" or "expense")	
		nforeseen effect on "revenue" or "expense")	
		ue to "grant award" or "budgetary adjustment")	
-			88
4	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendm	ent form***
	Account Number	Description	Amount
то	101-051100-500356	Tuition	500.00
-10	101-031100-300300		
		TOTAL	500.00
		TOTAL	300.00
	Account Number	Description	Amount
FROM	101-051100-500355	Travel	500.00
_			
		TOTAL	500.00
Explanat	ion: to provide for registration for T	CSA Legislative Conference	
LAPIGNA	to provide for registration for t	OO/ Logiolativo Comercinos	
		(AD)	
		Control	
	/V		
1		0 111	1.1
5	MI AR THE WAR	In The Site of 49	24-17
Signature	e of Official/Department Head/Date	Signature of County Mayor/Date	
oignature	of Official/Department nead/Date	Signature of securit mulativase	
All requi	ests requiring committee approval are due to Sr. Finan	icial Analyst's Office by noon on the Tuesday before the Budget Com	mittee Meeting.

Budget Amendment Request

FY 16-17

Department: Sheriff

Account: 054	110	

		Account: 054110		
Type	of Amendment: (check one)	-		
✓Tra		ot)		
Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")				
	ustment (correction to adopted budget due t			
- Hamiltonia	CONTRACTOR CONTRACTOR		and Course WWW	
1		ing the need or purpose MUST accompany amendme		
	Account Number	Description	Amount	
то	101-054110-500435-0	Office Supplies	5,000.00	
	101-054110-500349-0	Printing	3,000.00	
1 1				
		TOTAL	8,000.00	
			0,000.00	
	Account Number	Description	Amount	
				
FROM	101-054110-500425-0	Fuel	8,000.00	
		TOTAL	8,000.00	
Explanatio	on: To place funds in accounts for the	purchase of printing and office supplies.		
		(XI)		
s 				
0	4 10	14 5 X X X X X X X X X X X X X X X X X X	lad M	
Jame	1 L Brung 4-18-,		24-11	
Signature o	of Official/Department Head/Date	Signature of County Mayor/Date	<i>Y</i>	

Budget Amendment Request

FY 16-17

Department: Sheriff Account: 101-054110

16004637

Туре	of Amendment: (check one)				
✓ Tra	ansfer (no overall change to adopted bu				
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
		nforeseen effect on "revenue" or "expense")			
Ad	justment (correction to adopted budget du	ie to "grant award" or "budgetary adjustment")			
ą	***IF an Increase or Decrease, a memo explo	aining the need or purpose MUST accompany amendme	nt form ***		
	Account Number	Description	Amount		
то	101-054110-500709-0	Data Processing Equipment	30,000.00		
		-			
		TOTAL	30,000.00		
		/ -			
	Account Number	Description	Amount		
FROM	101-054110-500425-0	Fuel	30,000.00		
		TOTAL	30,000.00		
Explanat	ion: To place funds in the account	to purchase data processing equipment needed for I.T.			
Explained	To place funds in the deceant	to paramage data precedenting 14mp			
		(1)			
	(JX J			
1	0		14-17		
	mu L Bury	170 July 40	47 //		
Signatur	of Official/Department Head/Date	Signature of County Mayor/Date))		
*All requ		cial Analyst's Office by noon on the Tuesday before the Budget Comm	ittee Meeting.		



FY 16-17

Department: Register of Deeds
Account: 101-51600

Туре	e of Amendment: (check one)		
✓ Tra	ansfer (no overall change to adopted but		
De	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
	crease (raising adopted budget due to un	foreseen effect on "revenue" or "expense")	
		e to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo expla	nining the need or purpose MUST accompany amendme	nt form
	Account Number	Description	Amount
то	500499	Suntrust - Oxice Spotes	100.00
		: Mus	
		5 1.0413.	
			
		TOTAL	100.00
		-	
	Account Number	Description	Amount
FROM	500302	Advertising	100.00
		TOTAL	100.00
Explana	Expenditures for office supplie	S	
		(24)	
		()*	
			
-	10000	2011	1111
17/	hyllis Lee Cusp 4/21/19	12 Chath	4-29-11
Signatur	e/of/Official/Department Head/Date	Signature of County Mayor/Date	



FY 16-17

Department: Circuit Court Clerk

Account: 053120

F an Increase or Decrease, a memo explo Account Number	Description	Amount
101-053120-500355	Travel	2,500.00
	TOTAL	2,500.00
Account Number	Description	Amount
101-053120-500399	Other Contracted Services	2,500.00
	W	
	·	
	TOTAL ference, monthly mileage and various seminars.	2,500.00
	Account Number 101-053120-500355 Account Number	101-053120-500355 Travel TOTAL Account Number Description 101-053120-500399 Other Contracted Services



FY 16-17

Department: Maintenance
Account: 051800

✓ Tra ☐ De ☐ Inc ☐ Ad	crease (raising adopted budget due to un justment (correction to adopted budget due	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	ant form ***
*		Description	Amount
	Account Number	maintenacne equipment	400.00
то	101-051800-500717	maintenache equipment	400.00
		TOTAL	400.00
	Account Number	Description	Amount
FROM	101-051800-500410	custodial supplies	400.00
		TOTAL	400.00
Explanat	ion: transfer funds from supplies to	equipment, decided to purchase 2 vacuums instead of j	ust 1
	[4	(1)	
	D d	Ý.	-
	anner by Gy 4-19-19 e of Official Department Head/Date	Signature of County Mayor/Date ial Analyst's Office by noon on the Tuesday before the Budget Comm	4-17
-All requ	ests requiring committee approval are due to Sr. Financ	ial Analyst's Unice by noon on the Tuesday before the Budget Comr	mirres Meering.



FY 16-17

Department: COUNTY CLERK

Account: 101-052500

✓ Tra □ De	rease (raising adopted budget due to uni justment (correction to adopted budget due	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	N. 7.
*		ining the need or purpose MUST accompany amendme	ent form ***
	Account Number	Description	Amount
то	101-052500-500349	PRINTING, STATIONERY & FORMS	485.00
		TOTAL	485.00
			100.00
	Account Number	Description	Amount
FROM	101-052500-500435	OFFICE SUPPLIES	485.00
-			
			-
		,	
		momay	405.00
		TOTAL	485.00
Explanat	orice OFFICE NEEDS TO ORDER E	ENVELOPES FOR TITLES & REGISTRATIONS	
		(N	
A &		1 1 1 h	10.1
7	age tastes	71) Jako 4	-18-17
	e of Official Department Head/Date	Signature of County Mayor/Date	
*All requ	ests requiring committee approval are due to Sr. Financ	ial Analyst's Office by noon on the Tuesday before the Budget Com	mittee Meeting.



FY 16-17

Department: Register of Deeds
Account: 101-51600

	of Amendment: (check one)		
1000	(no overall change to adopted budg		
terminal and		nforeseen effect on "revenue" or "expense")	
		oreseen effect on "revenue" or "expense")	
		to "grant award" or "budgetary adjustment")	
4	**IF an Increase or Decrease, a memo explai	ning the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-051600-500711	Furniture	2,500.00
-10	101 03/402-300 111		
		TOTAL	2,500.00
	Account Number	Description	Amount
FROM	500162	Clerical Personnel	2,500.00
		TOTAL	2,500.00
		TOTAL	2,500.00
Explanat	Office Furniture (Desk & Chair)		
	/	(A)	
	10	X .	
01	11 1 1		
111.	Mitally A 4/mly	GXXXIII	4-18-17
Signal	e of Official/Department Head/Date	Signature of County Mayor/Date	11011
Signatur	Official) Department Freddy Date	Signature of County Mayor/Date	
· All requ	ests requiring committee approval are due to Sr. Financi	al Analyst's Office by noon on the Tuesday before the Budget Comm	ittee Meeting.



FY 16-17

Department: Purchasing

Departin			_
Account:	052200		

	e of Amendment: (check one)				
The second second	Transfer (no overall change to adopted budget)				
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
	Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")				
Ad	justment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")			
	IF an Increase or Decrease, a memo explo	nining the need or purpose MUST accompany amendme	nt form		
	Account Number	Description	Amount		
		Dues & Memberships	120.00		
то	101-052200-500320-00000	Dues & Memberships	120.00		
		TOTAL	120.00		
	Account Number	Description	Amount		
FROM	101-052200-500356-00000	Tuition	120.00		
		TOTAL	120.00		
Explana	Annual Dues for Katie Branha	m Kerr - TN Bar Association			
		RD .	F		
)	327.7				
	111 10	(8X) (1)	1		
1	VOUV	11 XXX 4	-18-17		
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Dave			
- LINESCH	and the second s				



FY 16-17

Department: Accounting

		Account: <u>52100</u>	
Type	of Amendment: (check one)		
✓ Tra		dget)	
Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")			
Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")			
Act	iustment (correction to adopted budget du	ue to "grant award" or "budgetary adjustment")	
		aining the need or purpose MUST accompany amendme	nt form***
		nining the need of purpose Most accompany amenante	Amount
	Account Number	Description	
то	101-52100-500307	Communication	204.00
			_
		TOTAL	204.00
		·	
	Account Number	Description	Amount
FROM	101-52100-500 30 6 35 6	Tuition	204.00
FROM	101-52100-500500 536	, and on	
_			
		TOTAL	204.00
		TOTAL	204.00
Explanat	ion: Order of two Verizon MiFi hots	spots for department.	
	1	(n)	
		14	
	MASS		
-/	///////////////////////////////////////	TO AL	
//	111 Miller and	Det XI de	8-17
Clanatur	e of Official/Department/Head/Date	Signature of County Mayor/Date	
oignature	e of Official/Department nead/Date	Signature of seasing wayon bands	
NAME OF TAXABLE	1	asial Applied's Office by poor on the Tuesday before the Budget Comn	nittee Meeting.

Ungerer

POSTEU 16004481

FY 16-17

Department: Judicial Commissioners
Account: 053700

Туре	e of Amendment: (check one)		
The second second	ansfer (no overall change to adopted but		
☐De	ecrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")		
	crease (raising adopted budget due to un	iforeseen effect on "revenue" or "expense")	
Ac	justment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo expla	nining the need or purpose MUST accompany amendm	ent form
	Account Number	Description	Amount
то	101-053700-500330-00000	Copier Lease Agreement	35.76
10	101-000700-00000-00000	Gopiel Zasas i grammi	
		TOTAL	35.76
		L	
	Account Number	Description	Amount
		Other Supplies and Materials	35.76
FROM	101-053700-500499-00000	Other Supplies and Materials	
		TOTAL	35.76
		-	
Explanat	in order to cover the remaining ass	sociated costs for the lease agreement for remainder of thew fi	scal year
7	Al land	(XXIII .1	10-17
M	In MULL	Month 4-	18-11
Signatur	e of Official/Department Head/Dale	Signature of County Mayor/Date	5 6 .55



FY 16-17

Department: Dev Serv Account: 51710

	Account Number	g the need or purpose MUST accompany amendment Description	Amount
то	101-051710-500187	Overtime Pay	200.0
	101-051710-500210	Unemployment Comp	300.0
		TOTAL	500.00
	Account Number	Description	Amount
FROM	101-051710-500103	Ass.t.	500.00
		TOTAL	500.00
Explanation	To clear negitave lines and estimat	e thru end FY.	

POSTE 19

Department: 5th JDTF FY 16-17 Account: 054150 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 *** Description Account Number 2,300.00 363-054150-500355-0 TO Travel TOTAL 2,300.00 Amount Account Number Description 363-054150-500319-0 2,300.00 FROM **Drug Control Payments** TOTAL 2,300.00 Explanation: For travel related expenses for the rest of the year.

*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 1

Budget Amendment Request

16004478

FY 16-17

Department: Library
Account: 115-056900

		aining the need or purpose MUST accompany amendme	
то	Account Number 115-056900-500422-0	Description Food Supplies	4,000.00
	113-030900-300422-0	roou Supplies	4,000.00
i			
		TOTAL	4,000.00
	Account Number	Description	Amount
FROM	115-056900-500169-0	Part Time Personnel	4,000.00
		TOTAL	4,000.00
Explanation:	move to cover shortage in food	h-a	
		(XV)	
		GV	

PO	S		
600) 4	14	77

FY 16-17

Department: General Sessions Judges
Account: 053310

	Account: 053310			
Type	of Amendment: (check one)			
	(no overall change to adopted bud	lget)		
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")			
	rease (raising adopted budget due to un	foreseen effect on "revenue" or "expense")		
Add	(correction to adopted budget due	e to "grant award" or "budgetary adjustment")		
a	*** F an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendm	ent form***	
	Account Number	Description	Amount	
то	101-053310-500189	Other Salaries and Wages	600.00	
	101-053310-500201	FICA	37.00	
	101-053310-500212	Employer Medicare Liability	9.00	
	101-053310-500210	Unemployment Compensation	4.00	
		TOTAL	650.00	
		-		
	Account Number	Description	Amount	
FROM	101-053310-500399	Other Contracted Services	650.00	
	0			
		TOTAL	650.00	
Explana	tion: Monice to cover expenses ass	sociated with special judge for the remainder of the 16/1	7 budget year	
LAPIGITO	Montes to cover expenses use	(A)/		
,			***	
1	100 D Palace	1 888111	111.1	
h	Weyn & Balloy	(d) itcheld	4-11-11	
Signatu	re of Official/Department Head/Date	Signature of County Mayor/Date.		

Budget Amendment Request

FY 16-17

Department: Recovery Court 6 004476
Account: 101-053200

Type	of Amendment: (check one)				
✓ Tra	Transfer (no overall change to adopted budget)				
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
Inc	Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")				
	justment (correction to adopted budget due	to "grant award" or "budgetary adjustment")			
4.5		ning the need or purpose MUST accompany amendme	nt form ***		
	Account Number	Description	Amount		
то	500499-00128	Other Supplies & Materials	3,250.00		
-	10	×			
		TOTAL	3,250.00		
			0,200.00		
	AA November	Description	Amount		
	Account Number				
FROM	500399-00128	Other Contracted Services	3,250.00		
-					
\rightarrow					
		25			
		TOTAL	3,250.00		
		_	or Supplies &		
Explanat	Request to transfer money from	Other Contracted Services that will not be used to Other	Supplies &		
Materia	ls to purchase reagents for the drug testing lat). ()			
$\overline{}$		(aK)			
11					
11/10	\sim	(1111	21 - 126		
WII	170 4 2/10/17	58 All 4-1	11-17		
Signatur	of Official/Department Head/Date	Signature of County Mayor/Date			
/ /					
*All requ	ests requiring committee approval are due to Sr. Financia	al Analyst's Office by noon on the Tuesday before the Budget Comm	nittee Meeting.		



		Account:	1 V
	crease (raising adopted budget due to ur djustment (correction to adopted budget du	dget) unforeseen effect on "revenue" or "expense") iforeseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	
		nining the need or purpose MUST accompany amend	
	Account Number	Description	Amount 6/928-00
TO	191-55110-540709-55110	Data Processing	11421-00
		TOTAL	0.00
FROM	Account Number	Description	Amount 47928-90
PROM	101-55 110 - 500912 - 55 11 C	Heading + Airon divining	11120 VO
Explanat	ion: do cover quit p	o ject Re	4/7/25 50 0:00
Supration	of Official/Department Head/Date	7 Separture of County Mayor/Dake	1-11-17

^{*}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: <u>Healt-6</u> Account: 101-55110 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 4600-00 Maintenance + Repair Alder TO 101-55710-500 335 TOTAL 0.00 Amount Description Account Number \$ 600 -00 FROM LLtities 500 4550 101-55110 TOTAL. 4600.00 0.00 Explanation:

Signature of Official/Department Head/Date

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

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16004	473

FY 16-17

Department: GPSF

Deharting	511L*	
Account:	141-72620	

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LVDE	α	AME	пап	ieni:	Check	CODEL

✓ 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			
	141-72620-335	Maint & Repair Services	5,000.00
	141-72620-338	Maintenance Vehicles	2,000.00
	141-72620-399	Other Contracted Services	10,000.00
		TOTAL	17,000.00

	Account Number	Description	Amount
FROM			
	141-72620-499	Other Supplies & Materials	12,000.00
	141-72620-707	Building Improvements	5,000.00
		TOTAL	17,000.00

Explanation:	
Transfer available funds for higher than expected re	epair and maintenance costs.
	(A)
	GL,
Jeon Zogan 3-22-17	9898 4-11-19
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 4-6-17



FY 16-17

Department: GPSF

Departme		
Account:	141-72310	

		Account.	
Type	of Amendment: (check one)		
-	ansfer (no overall change to adopted budge	t)	
		oreseen effect on "revenue" or "expense")	
		eseen effect on "revenue" or "expense")	
	justment (correction to adopted budget due to		
	IF an Increase or Decrease, a memo explaini	ng the need or purpose MUST accompany amendme	nt form
	Account Number	Description	Amount
то			
10			F 000 00
	141-72310-513	Workers Comp Insurance	5,000.00
-			
		TOTAL	5,000.00
		TOTAL	3,000.00
	Account Number	Description	Amount
FROM			
	141-72310-506	Liability Insurance	5,000.00
	141-72310-300	Elability Insurance	
	- 1		
		TOTAL	5,000.00
Explanat	ion		
Transfe	er available funds to pay for workers comp inadve	ertently charged to Fund 142.	
-			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/
	Time Town 2 75 10	() I K C K M	11-11
<u> </u>	They Logan 3-28-17	Signature of County Mayor/Date	///
Signature	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 4-6-17

FY 16-17

Department: GPSF

		Account: 141-72610	
Туре	of Amendment: (check one)		
✓ Tra	ansfer (no overall change to adopted but		
De		unforeseen effect on "revenue" or "expense")	
		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 explo	ining the need or purpose MUST accompany amendn	nent form***
	Account Number	Description	Amount
то			
	141-72610-399	Other Contracted Services	100,000.00
		TOTAL	100,000.00
	Account Number	Description	Amount
FROM			
	141-72610-166	Custodial Personnel	28,000.00
	141-72610-201	Social Security	6,000.00
	141-72610-204	State Retirement	7,000.00
	141-72610-207	Employee Insurance - Health	46,000.00
	141-72610-208	Employee Insurance - Dental	1,000.00
	141-72610-212	FICA Medicare	1,000.00
	141-72610-415	Electrictiy	11,000.00
		ΤΩΤΔΙ	100,000,00

Explanation:

Contract for parking lot paving and striping with the Blount County Highway Department for Lanier Elementary,

Friendsville Elementary, Middlesettlements Elementary, Eagleton Middle School, and Heritage Middle School.

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 4-4-17



FY 16-17

Department: Extended School Program
Account: 146-73300

Type o	of Amendment: (check one)		
✓ Tran			
Decr	rease (reducing adopted budget due to u	nforeseen effect on "revenue" or "expense")	
Incre		oreseen effect on "revenue" or "expense")	
Adju	stment (correction to adopted budget due	to "grant award" or "budgetary adjustment")	
:	*IF an Increase or Decrease, a memo explai	ning the need or purpose MUST accompany amendme	nt form*
	Account Number	Description	Amount
то			
	146-73300-422	Food	20,000.00
	146-73300-790	Other Equipment	1,000.00
\vdash		Same aquipment	
\vdash			
	L	TOTAL	24 000 00
		TOTAL	21,000.00
	Account Number	Description	Amount
	Account Number	Description	Amount
FROM			
	146-73300-162	Clerical	18,500.00
	146-73300-315	Contracts with Vehicle Owners	2,500.00
		TOTAL	21,000.00
Explanation	±		
·		1 1	
I ranster a	available funds for higher than expected cost	ts for food.	
-			
7	7- 3-1-	CXXIII.I	11-121
M	101 Logan 3-31-17	70 J. My 49	1 /104
Signature of	Official/Department Head/Date	Signature of County Mayor/Date/	
# 2 16 July 2016 Sau	and the first and the second s	A salvet's Office by soon on the Tuesday before the Budget Commi	ttoo Montling

*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 4-4-17

Budget Amendment Request

16004469

FY 16-17

Denartment: Sheriff

Departme	ut: Onem	
Account:	054110	

	Account Number	ining the need or purpose MUST accompany amendm Description	Amount
то	122-054110-500716-0	Law Enforcement Supplies	1,256.76
		Equipment	
		TOTAL	1,256.76
	Account Number	Description	Amount
FROM	122-054110-500499-0	Other supplies	1,256.76
		* *	
Explanati	on: To place funds in the proper acc	TOTAL	1,256.76

Budget Amendment Request

FY 16-17

Department: County Buildi

Account: 51800

No.				
ngs	16	004	-31	09

		Account			
Type	of Amendment: (check one)				
	ansfer (no overall change to adopted budge	t)			
Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")					
Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")					
	justment (correction to adopted budget due to	"grant award" or "budgetary adjustment")			
· ·	***IF an Increase or Decrease, a memo explaini	ng the need or purpose MUST accompany amendme	nt Jorm ***		
	Account Number	Description	Amount		
то	101-51800-500707	Building Improvements	57,000.00		
	, and the second				
		and the state of t			
			W		
		TOTAL	57,000.00		
	Account Number	Description	Amount		
		Natural Gas	57,000.00		
FROM	101-51800-500434	Natural Gas	0,1000.00		
	and the state of t				
	<u> </u>				
		TOTAL	57,000.00		
Explanat	ion: for needed building improvements				
LAPIBITAC	To freeded building improvements	1 11			
\					

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.

16004368

Department: Maintenance FY 16-17 Account: 051800 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 1,300.00 MAINTENANCE EQUIPMENT 101-051800-500717-00000 то **TOTAL** 1,300.00 Amount Description Account Number 1,300.00 **CUSTODIAL SUPPLIES** FROM 101-051800-500410-00000 1,300.00 **TOTAL** Transfer funds from supplies to equipment for commercial grade vacuum cleaner plus battery for Explanation: cordless use. ignature of Official/Department Head/Date



FY 15-16 Department: DATA PROCESSING Account: 101-052600 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 DATA PROCESSING EQUIPMENT 5,000.00 TO 500709 **TOTAL** 5,000.00 Amount Description Account Number SUPERVISOR/DIRECTOR 5,000.00 FROM 500105 5,000.00 **TOTAL** FOR REPLACEMENT OF DAMAGED EQUIPMENT IN COMMISSION ROOM, Explanation:

POSTED 1600 4363

FY 16-17

Department: Rabies / Animal Control

Account: 101-55120

**		aining the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то	101-55120-500355	Travel	900.00
		TOTAL	900.00
	Account Number	Description	Amount
FROM	101-55120-500790	Other Equipment	900.00
		TOTAL	900.00
Explanatio	Travel costs for Dr. Williams,	DVM to attend annual training seminar.	
	D		
		(14)	

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



16004356

FY 16-17

Department: Hwy Account: 61010

	Account Number	g the need or purpose MUST accompany amendments Description	Amount
	131-61000-500707	Building Improvements	629.86
-			
_			
		TOTAL	629.86
	Account Number	Description	Amount
VI .	131-061000-500719	Office Equip	98.22
	-500333	License	337.06
	-500356	Tuition	194.58
-			
-			
1		TOTAL	629.86
on the self	The shape a sut /20 total) motal halid	<u> </u>	029,86
ation	To change out (30 total) metal halid	e lights and balast to LED in the shop.	

16004245

Department: FY 16-17 Account: 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 720.00 data processing equipment TO 101-52100-500709 720.00 TOTAL Amount Description Account Number 720.00 101-52100-500356 tuition FROM 720.00 TOTAL

Signature of Official/Department Head/Date

Signature of County Mayor/Date



Department: County Clerk FY 16-17 Account: 101-052500 Type of Amendment: (check one) (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")

✓ Transfer

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

	Account Number	Description	Amount
то	101-052500-500320	Dues and Memberships	142.00
		TOTAL	142.00

	Account Number	Description	Amount
FROM	101-052500-500508-0	Premiums of Corporate Surety Bonds	124.00
	101-052500-500435-0	Office Supplies	18.00
		TOTAL	1/12 00

		TOTAL	112.
Explanation:	to pay annual dues to Tennessee State Associate	tion of County Clerks	
	(AL)		
•	67		
		8	0
Lave	Hast - 3-28-17	Fathall.	
Signature of Officia	/Department Head/Date Signature	e of County Mayor/Date	