16005079

FY 16-17

Department: Jail

		Account: 101-54210	
Type of A	Amendment: (check one)		
Z Transfe			
Decreas	e (reducing adopted budget due to t	unforeseen effect on "revenue" or "expense")	
Increase		foreseen effect on "revenue" or "expense")	
The second second second	CONTRACTOR OF THE CONTRACTOR O	e to "grant award" or "budgetary adjustment")	÷
***1F		ining the need or purpose MUST accompany amendr	
	Account Number	Description	Amount
то	101-54210-500451	Uniforms	71,500.00
	101-54210-500716	Law Enforcement Equipment	143,000.00
	10-54210-500499	Other Supplies	18,500.00
	10-54210-500790	Other Equipment	40,000.00
$\neg$			
-			
		TOTAL	273,000.00
	Account Number	Description	Amount
ROM	101-54210-500164	Attendants	71,500.00
	ii.	11	143,000.00 5 82
	0	· ·	71,500.00 143,000.00 18,500.00
	10-54210-500110	Lieutenant	40,000.00
_	10-34210-300110	Liedtonant	10,000.00
		TOTAL	273,000.00
planation:	#1 open positions trans	fer to uniform for Stab resistant/ ballistic	
		w Enforcement Equipment for Tasers fo	
		lies for Radio Mic's & Ear Pieces. #4 ope	
ansfer to	o other equipment for Security	Sinks in medical & security camera upgr	ades
AT.	1 Bun 5/23/1	1 19 KM	5-24-17
MANUE OF OFF	licial/Department Head/Date	Signature of County wayor/Date	2011
macage of On	wall what the all date	softwarder at contact and an over	
1			

POSTED 16005078

FY 16-17

Department: Sheriff
Account: 101-54110

		the need or purpose MUST accompany amendm	Amount
	Account Number	Description	
то	101-54110-500451	Uniforms	34,000.00
1			
		TOTAL	34,000.00
	Account Number	Description	Amount
ROM	101-54110-500107	Detectives	14,000.00
	101-54110-500115	Sergeants	5,000.00
	101-54110-500186	Longevity	15,000.00
			24 000 00
Explanation	Open position surplus to purchase	TOTAL L	34,000.00
		Du	

POSTED 16005077

		FY 16-17	Department: Sheriff Account: 101-54110	
✓Tra  De  Inc  Ad	e of Amendment: (check one) ansfer (no overall change to adopted by crease (reducing adopted budget due to crease (raising adopted budget due to u justment (correction to adopted budget d ***IF an Increase or Decrease, a memo exp	o unforeseen effect on inforeseen effect on "i ue to "grant award" o	evenue" or "expense") r "budgetary adjustment")	ent form***
	Account Number	laming the need or pa	Description	Amount
то	101-54110-500207	En	nployee Health	217,000.00
			TOTAL	217,000.00
	Account Number		Description	Amount
FROM	101-54110-500109		Captain	123,000.00
	101-54110-500115		Sergeants	4,000.00
	101~54110-500140	Sala	y Supplements	50,000.00
	101-54110-500169		Part Time	40,000.00
Explanati	Cover shortfall veins appear		TOTAL	217,000.00
CAPIGITOU	on: Cover shortfall using open	DV Employ	eo riealli	

		FY 16-17	Department: Circuit Court J Account: 053110	udge
✓ Transfe ☐ Decrease ☐ Increase ☐ Adjustn	e (reducing adopted budget due to	inforeseen effect o foreseen effect on ' e to "grant award" o	n "revenue" or "expense") "revenue" or "expense") or "budgetary adjustment")	ent form***
(P)	Account Number	ming the need of p	Description	Amount
то	101-053110-500334	Main	tenance Agreements	2,550,00
		V-1	TOTAL	2,550.00
	Account Number		Description	Amount
FROM	101-053110-500399	Other	Contracted Services	2,550.00
		at Dansard for Co.	TOTAL	2,550.00
Explanation	3 DCR Remote Support Contra 3 Software Support for Courtro			
here la	Hatcher 5/10/1 cial/Department (libad/Date  Marker Walker uniting committee approval are bise to St. I mance	Signatur <del>e o</del>	County mayor/Date	5-23-17

PUS	TEU
ation District	16005000

FY 16-17

Department: Soil Conserva

Account: 101-57500

	Account Number	ning the need or purpose MUST accompany amendme  Description	Amount
то			
	500201	Social Security	600.00
	500212	Employer Medicare Liability	140.00
	500210	Unemployment Compensation	54.00
	128	TOTAL	794.00
	Account Number	Description	Amount
ЮМ			
$\dashv$	500163	Educational Assistant	600.00
+	500163	Educational Assistant	140.00
	500163	Educational Assistant	54.00
1			
		52.	
lanatio	on:	TOTAL	794.00

\*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

DACTE	T.
16005000	>

		FY 16-17	Department: County Clerk Account: 101-052500	
√Tra De Inc	e of Amendment: (check one) ensfer (no overall change to adopted budge crease (reducing adopted budget due to unformation of the control of t	nforeseen effect of preseen effect on ' to "grant award" o	n "revenue" or "expense") 'revenue" or "expense") or "budgetary adjustment")	ent form***
-	Account Number	mig the need of p	Description	Amount
то	101-052500-500356-0		tuition	65.00
	Ч		TOTAL	65.00
	Account Number		Description	Amount
FROM	101-052500-500399-0	othe	r contracted services	65.00
			TOTAL	65.00
Explana	to pay registration fees for COA	TITICSA County G	A A A A	

\*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

16005004

FY 16-17

Department: County Clerk

Departine.		
Account:	101-052500	

✓ Tra  Dec	crease (reducing adopted budget due to unfrease (raising adopted budget due to unfjustment (correction to adopted budget due	inforeseen 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 explai	ining the need or purpose MUST accompany amendme  Description	Amount
		Clerical Personnel	19,800.00
то	101-052500-500162-0 101-052500-500118-0	Secretary to Commission	200.00
	101-032300-300118-0	obdically to definitioned.	
_			
			70
		TOTAL	20,000.00
		Description	Amount
	Account Number	Description Health	20,000.00
FROM	101-052500-500207-0	Employee Insurance - Health	20,000.00
	-		
		TOTAL	20,000.00
Explanat	to cover shortages	(4)	
		128	
	i i		
U	2.16	1017 5/8/1	5-22-17
V.	e of Official/Department Head/Date	19-17 El Olland Signature of County Mayor/Date	1-00-11
aignatur	e or orining/ Department fleatif Date		

16005002

FY 16-17

Department: General Sessions Judges

(raising adopted budget due to unfo (correction to adopted budget due t	foreseen effect on "revenue" or "expense") reseen effect on "revenue" or "expense") to "grant award" or "budgetary adjustment") ring the need or purpose MUST accompany amendme  Description Secretaries State Retirement	<i>nt form***</i> Amount 581.53
Account Number 101-053310-500161 101-053310-5000204	Description Secretaries State Retirement	Amount
101-053310-500161 101-053310-5000204	Secretaries State Retirement	
101-053310-5000204	State Retirement	581.53
101-053310-500212		4,457.41
	Employer Medicare Liability	118.35
	TOTAL	5,157.29
Account Number	Description	Amount
101-053310-500201	Social Security	5,157.29
Redistribute monies from line item th	TOTAL at shows overage to cover line items that reflect shortage for	5,157.29
A brewel	A Situal 5	-22-17
	101-053310-500201	TOTAL  Redistribute monies from line item that shows overage to cover line items that reflect shortage for

16005001

		FY 16-17	Department: VETERANS SI Account: 058300	ERVICES
C-Break.	of Amendment: (check one)	dget)	Account.	
De	crease (reducing adopted budget due to rease (raising adopted budget due to ur justment (correction to adopted budget du	unforeseen effect o nforeseen effect on '	revenue" or "expense")	
*	**IF an Increase or Decrease, a memo explo	aining the need or p	urpose MUST accompany amendm	
	Account Number		Description	Amount
то	103		ASSISTANTS	980.18
	105	SUPE	RVISOR/DIRECTOR	199.63
	204	STA	TE RETIREMENT	157.69
	210	UNEMPLO	YMENT COMPENSATION	0.04
	×		TOTAL	1,337.54
	Account Number		Description	Amount
ROM	207	EMPLOYE	EE INSURANCE HEALTH	1,337.54
Explanat	ion: TRANSFER SHORTAGE IN F	PAY CENTER PER	TOTAL	1,337.54
	TIVITOI EN ONOMINAGE INT	R CONTRACTOR OF THE CONTRACTOR		

Signature of Official/Department Head/Date

Signature of County Mayor/Date

<sup>\*</sup>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**

EV/	4	6-1	-7
F Y		n-	١7

Department: Property Assessor
Account: 101-052300

Type	of Amendment: (check one)		
Tra	nsfer (no overall change to adopted bu		
De		unforeseen effect on "revenue" or "expense")	
	rease (raising adopted budget due to u	nforeseen effect on "revenue" or "expense")	
Z Ad	<b>justment</b> (correction to adopted budget d	ue to "grant award" or "budgetary adjustment")	
4	***IF an Increase or Decrease, a memo exp	laining the need or purpose MUST accompany amendm	ent form***
	Account Number	Description	Amount
T0	101-052300-500451 **	Uniforms	1,000.00
то	101-052300-500451	Cillionis	1,000.00
		TOTAL	1,000.00
		TOTAL	1,000.00
		Description	Amount
	Account Number	Description	
FROM	101-052300-500103	Assistants	1,000.00
			),
		4	
-		<del> </del>	
		TOTAL	4 000 00
		TOTAL	1,000.00
Explanat	tion: ** Line 451 is a new line item	that needs to be added please	
	•		
		12	
		V	
-		111	<del>_</del>
	25/ect 5-22-17	191 TX6 5-	22-17
Signatur	e of Official/Department Head/Date	- Signature of County Mayor/Date	

# **Budget Amendment Request**

FY 16-17

Department: 101-52220

, 16004990

		LA TO-T\	Department: 101 02220	10
			Account: Central Services	
Type	of Amendment: (check one)			
-	insfer (no overall change to adopted bu	dget)		
-	crease (reducing adopted budget due to		"revenue" or "expense")	
	rease (raising adopted budget due to ur			
60009292	justment (correction to adopted budget du			
-				. De obsessionale et et
*	**IF an Increase or Decrease, a memo expl	aining the need or p	irpose MUST accompany amendme	nt form***
	Account Number		Description	Amount
то	101-52220-500399	Other	Contracted Services	60,425.00
	101 0222 00000			
		2		
			TOTAL	60,425.00
	Account Number		Description	Amount
ROM	101-52220-500316		Contributions	60,425.00
-		-		
$\dashv$				
			TOTAL	CO 425 00
			TOTAL	60,425.00
xplanat	no longer need ETHRA monie	s, so using this fundi	ng to go toward TDOT Denso Access	Road ROW
	1, 1 5			
/	1/1/1/1/1/1/1	1 1	5 XXXII -	
10	VVI Wegan 51	19/17	COMMENTS 3	22-17
amature	of Official/Decorrisont Head/Date	Signature of	County Mayor/Date	1.00

16004991

	Bud	Budget Amendment Request		16004	
A STREET		FY 16-17	Department: Library Account: 115		
✓ Trai	of Amendment: (check one)  Inster (no overall change to adopted budgerease (reducing adopted budget due to un  Its mast (correction to adopted budget du  **IF an Increase or Decrease, a memo explain	unforeseen effect o foreseen effect on ' e to "grant award"	revenuer or "expense") or "budgetary adjustment")	nent form***	
	Account Number		Description	Amount	
то	115-056500-500189-0	Othe	er Salaries & Wages	64,800.00	
	¥.		TOTAL	64,800.00	
	A All	1	Description	Amount	
	Account Number	1	Supervisor/Director	15,000.00	
FROM	115-056500-500105-0 115-056500-500169-0	<u>-</u>	Part Time	14,000.00	
	115-056500-500207-0	Emplo	yee Insurance - Health	27,000.00	
	115-056500-500432-0	Linpio	Library Books	8,800.00	
			TOTAL	64,800.00	
Explana	move to cover shortage in sa	lary line			

Signature of Official/Department Head/Date

Signature of County Mayor/Date

#### ------**Budget Amendment Request**

EV	1	6.	.1	7

Department: Rabies / Animal Control

Account: 101-55120

✓Tra De Inc	rease (raising adopted budget due to ur	dget) unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ne to "grant award" or "budgetary adjustment")	,
4	***IF an Increase or Decrease, a memo explo	aining the need or purpose MUST accompany amendn	nent form***
	Account Number	Description	Amount
то	101-55120-500356-05512	Tuition	270.00
	***		
	<del>,</del>		
		To first	
		TOTAL	270.00
	Account Number	Description	Amount
FROM	101-55120-500599-05512	Other Charges	270.00
PROM	101-33120-300399-03312	Other Charges	270.00
	AND THE STATE OF T		
-		TOTAL	270.00
Explanat	ion: Cover shortfall in tuition line ite	em for SMACF Budget. (Dr. Williams continuing ed. co	nf.)
		(X)	
1	¥ 3		<del></del>
Joal	est Joseph SAIN	8 Dall 3	5-17-17
Signatur	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.

PUSTED | 6004935

FY 16-17

Department: VETERANS SERVICES Account: 058300

Description	Amount
MAINTENANCE & REPAIR SERVICE VEHICLE	200.00
	329.2
TOTAL	529.21
Description	Amount
OFFICE SUPPLIES	121.24
TRAVEL	407.97
ΤΟΤΛΙ	529.2
	DUPLICATING SUPPLIES  TOTAL  Description OFFICE SUPPLIES TRAVEL

1600 4934

	Bud	Budget Amendment Request		1600 49
		FY 16-17	Department: Mayor Account: 51300	
✓ Transfer  Decrease Increase Adjustment	(no overall change to adopted but (reducing adopted budget due to (raising adopted budget due to ur (correction to adopted budget du (Increase or Decrease, a memo expla	unforeseen effect or nforeseen effect on " ne to "grant award" o	revenue" or "expense") or "budgetary adjustment")	lment form***
	Account Number		Description	Amount
TO	101-051300-500435		Office Supplies	500.00
			TOTAL	500.00
	Account Number		Description	Amount
FROM	101-051300-500355		Travel	500.00
Explanation:	for office supplies	60	TOTAL	500.00

\*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

#### **Budget Amendment Request**

Department: Library Account: 115-056500 FY 16-17

Type	e of Amendment: (check one)					
✓ Tra	ansfer (no overall change to adopted bu	dget)				
De	crease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")					
lnc	crease (raising adopted budget due to unforeseen effect on "revenue" or "expense")					
Ac	fustment (correction to adopted budget du	re to "grant award" or "budgetary adjustment")				
	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amenda	nent form***			
	Account Number	Description	Amount			
то	115-056500-500320-0	Memberships/Dues	800.00			
-10	113-030000-300320-0	Welliberships/Bucc	000.00			
		TOTAL	800.00			
		TOTAL	800.00			
	Account Number	TOTAL	800.00 Amount			
FROM	Account Number 115-056500-500318-0					
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description	Amount			
FROM		Description  Debt Collection Services	Amount 800.00			
	115-056500-500318-0	Description  Debt Collection Services  TOTAL	Amount			
FROM	115-056500-500318-0	Description  Debt Collection Services  TOTAL	Amount 800.00			

Signature of Official/Department Head/Date

Signature of County Mayor/Date

PO	STED
sources	16004900

FY 16-17

Department: Human Resources
Account: 051310

✓Tra □Dec □Inc □Ad	rease (raising adopted budget due to ur justment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") Iforeseen effect on "revenue" or "expense") Ie to "grant award" or "budgetary adjustment")	***
	**IF an Increase or Decrease, a memo explo Account Number	nining the need or purpose MUST accompany amends  Description	Amount
то	101-051310-500356	Tuition	49.00
10	101-031310-300330	Tarton	
		TOTAL	40.00
		TOTAL	49.00
	Account Number	Description	Amount
FROM	101-051310-500355	Travel	49.00
	· · · · · · · · · · · · · · · · · · ·		
_			
		TOTAL	49.00
Explanati	ion:	TOTAL	
,	for upcoming Annual Labor & Employment L	aw Update Conference - price increased	#4900
ТО рау	Tol apcoming Annual Labor & Employment L	aw operate controller price in a real	
		0	
enny Signature	Morgan 5/9/17 of Official/Department Head/Date	Signature of County Mayor/Date	5-17-17

POSTED 16004937

10,000.00

TOTAL

Department: Plan/Dev FY 16-17 Account: 101-51710 Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) reduling 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 4,000.00 health 101-051710-207 ΤØ 6,000.00 supervisor 101-051710-105 10,000.00 **TOTAL** Amount Description Account Number 10,000.00 FROM 101-051710-161 secretaries

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

Explanation.

dyature of official/Department Head/Date

# **Budget Amendment Request**

FY 16-17

Department: Sheriff Account: 101-054210

(6004871

Type	e of Amendment: (check one)		
<b>V</b> Tr	ansfer (no overall change to adopted bu	dget)	
De	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
Inc	crease (raising adopted budget due to u	nforeseen effect on "revenue" or "expense")	
Ac	justment (correction to adopted budget du	ue to "grant award" or "budgetary adjustment")	
		aining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-054210-500410-0	Custodial Supplies	13,000.00
		TOTAL	13,000.00
	Account Number	Description	Amount
FROM	101-054210-500335-0	Maintenance/Repair Buildings	13,000.00
		TOTAL	13,000.00
			13,000.00
Explanat	ion: To place funds in account to p	urchase weekly cleaning supplies for remainder of FY	
		(Al)	
		CIE	
XA	man 1 Bu -	1211/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	8-17
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	
	5-4-17		
*All requ	ests requiring committee approval are due to Sr. Finan-	cial Analyst's Office by noon on the Tuesday before the Budget Commi	ttee Meeting.

FY 16-17

Department: Maintenance

POSTED 16004870

		Account: 51800	
Type	e of Amendment: (check one)	Account.	
	ansfer (no overall change to adopted bu	dget)	
-		unforeseen effect on "revenue" or "expense")	
10000		nforeseen effect on "revenue" or "expense")	
10000		ue to "grant award" or "budgetary adjustment")	
- CANALIS		aining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-051800-500166	Custodial Personnel	15,000.00
	101-051800-500105	Supervisor/Director	250.00
	101-031800-300103	Supervisor/Director	230.00
		Y	
		TOTAL	15,250.00
		<u>-</u>	
	Account Number	Description	Amount
ROM	101-051800-500167	Maintenance Personnel	15,250.00
-			
	_		
$\dashv$			
		TOTAL	45.050.00
		TOTAL	15,250.00
xplanat	to cover payroll for remainder of	of year, out of appropriate lines	
		(A)	
		A 1	
		(X 1) 1/2	

\*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

Signature of Official/Department Head/Date

POSTED 1600 4869

Department: Preservation of Records FY 16-17 Account: 51910 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 то 101-051910-500105 Supervisor/Director 250.00 TOTAL 250.00

	Account Number	Description	Amount
FROM	101-051910-500189	Other Salaries & Wages	250.00
	-	TOTAL	250.00

Explanation:	to cover payroll for remainder of year, out of appropriate lines		
		- G	
		CI	
Signature of Official	/Department Head/Date	Signature of County Mayor/Date	17

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

D	n				
4	17	00	L	15	68
ment	0				

450.00

TOTAL

		FY 16-17	Department: Risk Manag Account: 51920	gement (600)
☑Tra □De □Inc □Ad	nsfer (no overall change to adopted bud crease (reducing adopted budget due to un rease (raising adopted budget due to un justment (correction to adopted budget du ***IF an Increase or Decrease, a memo explain	unforeseen effect or foreseen effect on " e to "grant award" o	"revenue" or "expense") revenue" or "expense") r "budgetary adjustment")	dment form***
	Account Number		Description	Amount
то	101-051920-500105	Su	pervisor/Director	250.00
	101-051920-500189	Othe	Salaries & Wages	200.00

	Account Number	Description	Amount
FROM	101-051920-500 <del>425</del> 201	-Gasoline SS	400.00
	101-051920-500212	FICA	2000
		TOTA	I 450.00

Explanation:	to cover payroll for remainder of year, out of appropriate lines
	1 5/5/17 2/ stable 5-8-11
Signature of Officia	I/Department Head/Date Signature of County Mayor/Date

<sup>\*</sup>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: Property Assessor

Account: 101-052300

-	e of Amendment: (check one)		
20000	ansfer (no overall change to adopted budge		
The second second	crease (reducing adopted budget due to unf	foreseen effect on "revenue" or "expense")	
	crease (raising adopted budget due to unfor	reseen effect on "revenue" or "expense")	
-	<b>justment</b> (correction to adopted budget due to		ng Sgu
	***IF an Increase or Decrease, a memo explaini	ing the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то	101-052300-500435	Office Supplies	650.00
		mormali	050.00
		TOTAL	650.00
			A. a. a
	Account Number	Description	Amount
FROM	101-052300-500711	Furniture & Fixtures	650.00
		TOTAL	650.00
- 1 -	T		
Explanat	Transfer to cover misc office supp	ones needed	
	1. 11.1 5-17	8820111-	611
	2 Hut 5-5-17	Signature of County Mayor/Pate	7-1/
Signature	e of Official/Department Head/Date	Signature of county Mayor Poate	

\*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: Property Assessor

Departmen	-	
Account: 1	01-052300	

✓Tra □De □Inc	rease (raising adopted budget due to unjustment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	
		aining the need or purpose MUST accompany amendn	nent form*** Amount
	Account Number	Description	
то	101-052300-500414	Duplicating Supplies	1,500.00
	101-052300-500435	Office Supplies	5,000.00
		TOTAL	6,500.00
	Account Number	Description	Amount
FROM	101-052300-500103	Assistants	6,500.00
-			
-			
-			
		TOTAL	6,500.00
_		TOTAL	
Explanat		paper for front office & for the Mapping Dept. Transfer to	433 to cover misc
office s	upplies, computer monitors, & office chairs.		*
Cianatura	2. ffl 5.5-/7	Signature of County Mayor/Date	5-8-17
Signature	e of Official/Department Head/Date	DIRITATOR OF COUNTY MINAVOIT DATE	

P	USTER
·k	16004865

FY 16-17

Department: County Clerk

Account: 101-052500

	e of Amendment: (check one)		
✓ Tr	ansfer (no overall change to adopted b		
3-2		o unforeseen effect on "revenue" or "expense")	
		unforeseen effect on "revenue" or "expense")	
Ad	<b>ljustment</b> (correction to adopted budget o	due to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo exp	plaining the need or purpose MUST accompany amendm	ent form***
	Account Number	Description	Amount
то	101-052500-500355-0	Travel	250.00
			=
		TOTAL	250.00
	Account Number	Description	Amount
FROM	101-052500-500435-0	Office Supplies	250.00
		TOTAL	250.00
Explanat	to cover travel expenses to a	ttend TN Clerk Association Annual Meeting	
		(36)	
L.	are Hast 5	SIP Signature of County Mayor/Date	8-11
Signature	e of Official Pepartment Head/Date	Signature of Soundy Mayor/ Sale	

nment
Request

Department: Food Service

Type of Amendment: (check one)

Transfer (no overall change to adopted budget)

FY 16-17

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			
	143-73100-399	Other Contracted Services	65,000.00
$\rightarrow$			
		TOTAL	65,000.00

	Account Number	Description	Amount
FROM			
	143-73100-165	Cafeteria Personnel	65,000.00
_			_
_			
			-
		TOTA	L 65,000.00

Explanation:	Transfer funds budgeted in cafe personnel line for contracted subs.
Tuo	4 Jogan 4-18-17 ESAM 5-8-11
Signature of Office	/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 5-4-17



FY 16-17

Department: GPSF

Department		
Account: 141	-72310	

Typ	e of Amendment: (check one)		
<b>√</b> Tr	ansfer (no overall change to adopted by		
	crease (reducing adopted budget due to	o unforeseen effect on "revenue" or "expense")	
		inforeseen effect on "revenue" or "expense")	
A	fjustment (correction to adopted budget d	ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo exp	laining the need or purpose MUST accompany amendm	ent form***
	Account Number	Description	Amount
-	7 tood and 1 turns of		
то			100.00
	141-72310-206	Employee Insurance - Life	100.00
	91		
		TOTAL	100.00
		TOTAL	100.00
			A t
	Account Number	Description	Amount
FROM			
	141-72310-207	Employee Insurance - Health	100.00
		<u> </u>	
		TOTAL	100.00
Explana	tion:		
Transf	er available funds for employer paid Insuranc	ca Life premiums	
TIALISI	er available fullus for employer paid insurant	se the premiums.	
_	7	SXAHIII	F 0-11
_Sh	Dy Logen 4-19-17	(U) Why	2-0-1.1
Signatur	e of Official/papartment Head/Date	Signature of County Mayor/Date	1/2

\*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 5-4-17

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160	10481	er

FY 16-17

Department: GPSF

Departine	1111.	
Account:	141-72130	

		, 1000 01111	
	e of Amendment: (check one) ansfer (no overall change to adopted bud	got)	
- Cheese		ger) Inforeseen effect on "revenue" or "expense")	
-		foreseen effect on "revenue" or "expense")	
		e to "grant award" or "budgetary adjustment")	
			and the second s
	***IF an Increase or Decrease, a memo explai	ining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то			
	141-72130-524	In-service/Prof Developent	307.00
	141-72130-324	III-service/Froi Developent	
		mom44	
		TOTAL	307.00
	Account Number	Description	Amount
FROM			
	141-72130-123	Guidance Personnel	307.00
	141-72130-723	Caldanie i Greeniei	
		TOTAL	307.00
		TOTAL	307.00
Explana	tion:		
Transf	er funds for PD for Family Resource Center pro	ogram.	
		(A)	
		11-11	
	1 Jan 1 2 - 1	8.XXXXVII 6	-8-17
	104 dann 4-27-17	Signature of County Mayor/Date	0 '(
Signatur	re of Official/Department Head/Date	, signature of county wayou bate	

\*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 5-4-17



FY 16-17

A 1/1-71100	
Account: 141-71100	
ount: 14177100	

22		Account.	
	e of Amendment: (check one)		
✓ Tr	ansfer (no overall change to adopted budg		
	ecrease (reducing adopted budget due to un	foreseen effect on "revenue" or "expense")	
In	crease (raising adopted budget due to unfo	reseen effect on "revenue" or "expense")	
	justment (correction to adopted budget due		
		ing the need or purpose MUST accompany amendme	nt form***
		Description	Amount
	Account Number	Description	Amount
то			
	141-71100-399	Other Contracted Services	146,200.00
	<u> </u>		
	i -		
	<u> </u>		
	L. L.	TOTAL	440,000,00
		TOTAL	146,200.00
	Account Number	Description	Amount
FROM			
	141-71100-116	Teachers	146,200.00
_	14171100110	Todalions	,
		TOTAL	146,200.00
Explana	tion: Transfer funds budgeted in teach	ner line for contracted subs.	
	Transition (and badgetes in tester		\
		_/AV	
		900111	1
. 7	100 Losan 4-18-17	11 11 18 5-8	-17
Clanatur	ro 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 5-4-17

POSTED 16004782

FY 16-17

Department: //ea/1/6

	Account Number	plaining the need or purpose MUST accompany amend.  Description	Amount
ΤΟ	101-55110 - 500-335	Mainteriance & Repair Blog	360-00
		TOTAL	0.0
OM	Account Number	Description	Amount
	101-35/10-500452	U+: E+ies	360 00
1			<i>y</i>
lanati	on To cover Eallah	er security monitoring	0.00 00.00 6 11

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



Department: BLOUNT COUNTY PROBATION FY 16-17 Account: 101-53910 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 **OFFICE SUPPLIES** 500.00 TO 101-53910-500435 **TOTAL** 500.00 **Account Number** Description **Amount** FROM 101-53910-500399 OTHER CONTRACTED SERVICES 500.00 500.00 TOTAL BCP needs this transfer to re-stock office supplies including ink toner, paper, and other necessary Explanation:

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

items to last us through this fiscal year.

## **Budget Amendment Request**

	Bue	dget Arnendment Requ	est	TO SEL
		FY 16-17	Department: Central Se Account: 101-52220	rvices [6 00 47 8
Type of A	mendment: (check one)			
Transfer	(no overall change to adopted bu			
Decrease				
Increase	(raising adopted budget due to ur			
-	ent (correction to adopted budget du			8
***IF aı	n Increase or Decrease, a memo explo			
	Account Number		escription	Amount
ro	101-52220-500399	OTHER CON	TRACTED SERVICES	28,000.00
_	101-52220-500211	RE	TIREMENT 	16,000.00
	ii) coint			
_				
	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	100	TOTAL	44,000.00
	Account Number	D	escription	Amount
om M	101-52220-500599		R CHARGES	9,500.00
	101-52220-500331		L SERVICES	10,000.00
	101-52220-500316		rributions	8,500.00
_	101-52220-500341		ER BURIALS	6,000.00
	101-52220-500341		AL CHARGES	10,000.00
116	. 1891 - A		TO THE	11,000,00
		SED ON TRENDING E	TOTAL	44,000.00
lanation:	TRANSFERRING FUNDS BA	OLD ON THEIRDING EX	(I LINDITOTILO	
lanation:	TRANSFERRING FUNDS BA	XV	A ENDITORES	

\*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: MAINTENANC	<u> </u>
			Account: 101-51800	
	of Amendment: (check one)			
-	ansfer (no overall change to adopted bud			
De	crease (reducing adopted budget due to u			
	rease (raising adopted budget due to un			
/A(c	histing it (correction to adopted budget du	e to "grant award" o	r "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expla	ining the need or pu	rpose MUST accompany amendm	ent form***
	Account Number		Description	Amount
то	101-51800-500335	MAINT & RI	EPAIR SERVICES-BLDG	5,000.00
			TOTAL	5,000.00
	Account Number		Description	Amount
FROM	101-51800-500707	BUILDIN	NG IMPROVEMENTS	5,000.00
TROM	101 01000 000101			
	· · · · · · · · · · · · · · · · · · ·		TOTAL	5,000.00
	tion THERE IS NOT ENOUGH FUN	IDO IN EOO335 EOD	THE REMAINDER OF THE FY	
Explana	THERE IS NOT ENOUGH FOR	1D3 IN 300333 FOR	THE REMAINDER OF THE FT	
		al		
		<b>V</b>		
		1)		
				//

\*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 Official/Department Head/Date



FY 16-17

Department: General Sessions Judges

		Account.	
Туре	of Amendment: (check one)		
1	(no overall change to adopted bu		
De		unforeseen effect on "revenue" or "expense")	
lnc		nforeseen effect on "revenue" or "expense")	
1000		ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendm	nent form***
	Account Number	Description	Amount
то	101-053310-50043	Office Supplies	2,500.00
		п — п	
		TOTAL	2,500.00
		TOTAL	2,000.00
	Account Number	Description	Amount
FROM	101-053310-500499	Office Supplies and Materials	1,000.00
	101-053310-500399	Other Contracted Services	1,500.00
	(1984) - 1	TOTAL	2,500.00
Explana	tion: Transferring from 499 to 435	as the purchases are for office supplies. Transferring ac	dditional
			·
amour	t from 399 to cover the expense of supplies t		
	1	( 19	
	IM I but		
In	What Billies.	1/20/17 ES Sall 3	-5-11
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	



FY 16-17

Department: Elections

Deharmie	III.	
Account:	101-51500	

		Account.	
<b>✓Tr</b>	e of Amendment: (check one) ansfer (no overall change to adopted bu		
		ounforeseen effect on "revenue" or "expense")	
	(raising adopted budget due to u	nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	
		laining the need or purpose MUST accompany amendme	Amount
	Account Number	Description	
то	500707	Building Improvements	34,000.00
		TOTAL	24.000.00
		TOTAL	34,000.00
	Account Number	Description	Amount
FROM	101-51500-500196	In-Service Training	5,900.00
	101-51500-500332	Legal Notices, Recording & Court Costs	8,200.00
	101-51500-500349	Printing, Stationery & Forms	1,700.00
	101-51500-500399	Other Contracted Services	16,100.00
	101-51500-500709	Data Processing Equipment	2,100.00
		TOTAL	34,000.00
Explana	tion: Election Office stained concre	ete flooring and rubber tiles on ramps.	
CAPIGNA	Election Office stained concre	ete nooring and rubber tiles on rumps.	*
		/AV	
		0	
$-\theta$		1 100 1.	1
X,	isan truaties 51	2/17 // 5-	5-11
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	



		FY 16-17	Department: Plan/Dev	
120 SE	140 W 0 x 5 5 66		Account:	
	Amendment: (check one)			
Transfe			# # # # # # # # # # # # # # # # # # #	
Decrea		unforeseen effect or	n "revenue" or "expense")	
Increas				
	ment (correction to adopted budget du			
***IF	an Increase or Decrease, a memo explo	aining the need or p	urpose MUST accompany amendme	ent form***
	Account Number		Description	Amount
TO	101-51710-500435		Office supplies	500.00
	101-317 10 300403	ļ		
		ļ		
		<u> </u>		
		<del> </del>		
	THE RESERVE OF THE PARTY OF THE			
		l		
			TOTAL	500.00
	Account Number		Description	Amount
FROM	101-51710-500719		Office Equip	500.00
		L	TOTAL	500.00
			TOTAL	300.00
Explanation	Office equipment needed is un	der amount for a 700	) line	
		/	89)	
			119	
-	y_		A RIA	1
XIC	6 1 -1-1-	رحر	/ Nell 5-	2111
Superior Service	5/4/1	Cianatura al	County Mayor/Date	
DIRECTION OF CIT	ficial/Oppartment Head/Date	Signature of	County mayory date	



FY 16-17

Department: County Trustee
Account: 52400

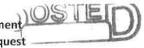
✓Tra		dget) unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense")	
30,100	100 CO	ue to "grant award" or "budgetary adjustment")	zi.
		aining the need or purpose MUST accompany amendme	ent form***
	Account Number	Description	Amount
то	101-052400-500355-0	Travel	425.00
	101-052400-500356-0	Tuition	25.00
		TOTAL	450.00
		1	
	Account Number	Description	Amount
FROM	101-052400-500399-0	Other Contracted Services	450.00
		momat	170.00
		TOTAL	450.00
Explana	shortage in travel and tuition a	accounts used for employee training	
		(1)	
	0 1 744		- :1



FY 16-17

Department: Circuit Court Judge
Account: 053110

✓Tr. □De □Ine □Ac	<b>crease</b> (raising adopted budget due to ur <b>ljustment</b> (correction to adopted budget du	dget) unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ne to "grant award" or "budgetary adjustment") naining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-053110-500711	Furniture & Fixtures	3,500.00
	(X)	TOTAL	3,500.00
	Account Number	Description	Amount
FROM	101-053110-500349	Printing, Stationery & Forms	3,500.00
		TOTAL	3,500.00
Explana and a	Transfer to cover a replacement small ice machine for jurors.	nt Chair for Judge Duggan, an additional lateral file for Judge	
Signatur	Som Statuter 5/3/ e of Official/Department Head/Date	Signature of County Mayor/Date	5-11



16004773

FY 16-17

Department: Circuit Court Clerk

		Account: 053120		
	mendment: (check one)			
✓ Transfer	(no overall change to adopted budget	)		
Decreas		preseen effect on "revenue" or "expense")		
Increase	crease (raising adopted budget due to unforeseen effect on "revenue" or "expense")			
Adjustn	nent (correction to adopted budget due to	"grant award" or "budgetary adjustment")		
***IF (	an Increase or Decrease, a memo explainir	g the need or purpose MUST accompany ame	ndment form ***	
	Account Number	Description	Amount	
то	101-053120-500334	Maintenance Agreements	500	

	Account Number	Description	Amount
то	101-053120-500334	Maintenance Agreements	500.00
	101-053120-500719	Office Equipment	1,700.00
	101-053120-500711	Furniture & Fixtures	1,900.00
		TOTAL	4,100.00

	Account Number	Description	Amount
FROM	101-053120-500306	Bank Charges	200.00
	101-053120-500320	Dues & Memberships	(200
	101-053120-500337	Maintenance & Repair Services - Office	1,000.00
	101-053120-500338	Maintenance & Repair Service - Vehicle	11000
	101-053120-500349	Printing, Stationery & Forms	1,100.00
		TOTAL	4,100.00

Transfer to cover a replacement Currency Scanner, Shelves for archived items and a maintenance

agreement for Digital Recording System in the Juvenile Court.

Signature of Official/Department Head/Date

Signature of County Mayor/Date

DAGTER	
	4
sessor (60047)	1

FY 16-17

Department: Property Assessor Account: 101-05003 0

Туре	e of Amendment: (check one)		
<b>✓</b> Tra	ansfer (no overall change to adopted but		
De	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense")	
		e to "grant award" or "budgetary adjustment")	
8	***IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-052300-500330	Lease Payments	5,000.00
		TOTAL	5,000.00
		TOTAL	5,000.00
	Account Number	Description	Amount
			5,000.00
FROM	101-052300-500103	Assistants	3,000.00
			16
		7 7	
		TOTAL	5,000.00
Explana	tion: Transfer to Lease Payments to	cover the first installment on the leased vehicles.	
	G-	(10)	
		13	
		3	0
-	11	CAVAA	1/-/-
	1- Helle 5-1-17	AN NIK	5-4-17
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	10

#### **Budget Amendment Request**

FY 16-17

Department: Sheriff Account: 101-064000

Type	e of Amendment: (check one)		
✓ Tr.	ansfer (no overall change to adopted bu	udget)	
De	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
100		nforeseen effect on "revenue" or "expense")	
Ac	<b>Justment</b> (correction to adopted budget d	ue to "grant award" or "budgetary adjustment")	
1	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendm	ent form ***
	Account Number	Description	Amount
то	101-064000-500399-0	Other Contracted Services	600.00
		Cities Commission Convices	000.00
		TOTAL	600.00
	- 101		
	Account Number	Description	Amount
FROM	101-064000-500453-0	Auto Parts/Supplies	600.00
-+			
			33
		TOTAL	000.00
Explanati		<u></u>	600.00
explanati	Money wasn't needed for auto	parts this fiscal year, but is needed for landfill fees	7.
		(Ve)	
		(30)	
1	100	A ANI	211
Jane	observing by & Conta	10 May 5-10	8-17
ngnature	of Official/Department Head/Date	Signature of County Mayor Date	

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

PO	STED
160	04941
(	16004942

FY 16-17

Department: Hwy Account: 131

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1	0	$\mathcal{O}$	0-	17	4	4

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")			
Adjustmen	(correction to adopted hudget 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	131-063100-500338	Maint & Repair of Vehicles	3,730.00
	-500412	Diesef	10,000.00
	-500425	Gas	3,000.00
	-500433	Lubricants	6,800.00
	-500451	Uniforms	5,000.00
+			
		TOTAL	28,530.00

	Account Number	Description	Amount
FROM	131-063100-500418	Equip & Parts	6,000.00
	-500440	Metal Pipe	21,030.00
	-500450	Tires & Tubes	1,500.00
		TOTA	L 28,530.00

Explanation:	FY transfer to stock batteries & parts, tires, and pipe (for planned projects)			
1	11 14 11	ANII 1010		
Signature of pylicial	Department Head/Date 5/17/17	Signature of County Mayor/Date		