7000409

Department: Library FY 17-18 Account: 115-056500 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*** Description Account Number Amount Other Charges 50.00 TO 115-056500-500599-0 TOTAL 50.00 Amount Account Number Description FROM 50.00 115-056500-500399-0 Other Contracted Services TOTAL 50.00 Transfer to per Purchasing Dept. Explanation:

7/25/17

Signature of Official/Department Head/Date

7/ VIIX

Budget Amendment Request

FY 17-18

Department: $\frac{\text{EMA}}{5410}$

| ✓ Tra □ Dec □ Inc □ Adj | rease (reducing adopted budget due to rease (raising adopted budget due to ur ustment (correction to adopted budget du | dget) unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") nining the need or purpose MUST accompany amendm | ent form*** |
|-------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | Account Number | Description | Amount |
| то | 101-054410-500451-00000 | Uniforms | 300.00 |
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| | | | |
| | | | |
| | | TOTAL | 300.00 |
| | Account Number | Description | Amount |
| FROM | 101-054410-500499-00000 | Other Supplies & Materials | 300.00 |
| | | | |
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| | | | |
| | | TOTAL | 300.00 |
| Explanat | Reflective vests/shirts for the c | damage assessment team members. | |
| | | (R) | |
| | | | |
| Signature | Minimal Comment Head/Date 7/25 | Signature of County Mayor/Date | 7-27-17 |



FY 17-18

Department: GPSF

Account: 141-72220

| | Account Number | ing the need or purpose MUST accompany amendme Description | Amount |
|------------|----------------|---------------------------------------------------------------|------------|
| то | | | 202 442 25 |
| | 141-72220-399 | Other Contracted Services | 300,110.25 |
| | | | |
| | | | |
| | | TOTAL | 300,110.25 |
| | | TOTAL | 300,110.23 |
| | Account Number | Description | Amount |
| ROM | 141-72220-340 | Medical & Dental Services | 300,110.25 |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 300,110.25 |
| xplanation | | | |

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



| | | | | 11000 |
|----------|-----------------------------------------|-----------------------------|-----------------------|-----------|
| | | FY 17-18 | Department: Risk Man | agement |
| | | | Account: | |
| Type | of Amendment: (check one) | | > | |
| | ansfer (no overall change to adopted | hudget) | | |
| - | crease (reducing adopted budget due | | evenue" or "expense") | |
| | rease (raising adopted budget due t | | | |
| _ | ostment (correction to adopted budge | | | |
| - | | - | | |
| | ***IF an Increase or Decrease, a memo e | | | |
| | Account Number | De | escription | Amount |
| то | 263-58900-500506 | Liabil | ity Insurance | 15,211.00 |
| | | | | |
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| | | | | |
| | | | TOTAL | 15,211.00 |
| | | | | 10,211.00 |
| | Account Number | De | escription | Amount |
| ROM | 263-58900-500599 | | Other | 15,211.00 |
| | | | | |
| - | | | | |
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| -+ | | | | |
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| | | | | |
| | | | TOTAL | 15,211.00 |
| Explanat | Nood finade to new for Law | rango invaigos fram Cata Da | | ,- : :100 |
| -xhianat | iveed funds to pay for insul | rance invoices from Cate Ru | 155EII | |
| | | NW. | | |
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*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

POSTE1 17000428

| | Bud | get Amendment Re | equest | 227 | 170004 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------|-----------|
| | | FY 17-18 | Department: | Risk Manag | ement |
| | | F1 17-10 | Account: | | |
| ✓ Tra □ De | e of Amendment: (check one) ansfer (no overall change to adopted budget due to crease (reducing adopted budget due to un (correction to adopted budget due to un forment) | unforeseen effect or foreseen effect on ' e to "grant award" o | n "revenue" or "expense") revenue" or "expense") or "budgetary adjustment" | ') | 60rm ** * |
| | ***IF an Increase or Decrease, a memo expla Account Number | ining the need or p | Description | umenument | Amount |
| TO | | Puilding | and Contents Insurance | | 7,716.00 |
| то | 263-58900-500502 | Building | and Contents insurance | | 7,710.00 |
| | | | 11 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | ТС | OTAL | 7,716.00 |
| | | | | | |
| | Account Number | | Description | | Amount |
| FROM | 263-58900-500599 | | other | | 7,716.00 |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| Explanat | ion: need funds to pay for Insurance | e invoices from Cate | | OTAL | 7,716.00 |
| enpluriut. | nood failes to pay for insulation | (myoloos mom oda | | | |
| | | 76 | | | |
| | | / | | | |

*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

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| 1 | 1 | 0 | 08 | JL | 120 |

| | | PY 17-18 Department: Highway | 1 (00 |
|-----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | | Account: 62000 | |
| | e of Amendment: (check one) | | |
| 2000 | ransfer (no overall change to adopted | budget) | |
| | ecrease (reducing adopted budget due | to unforeseen effect on "revenue" or "expense") | |
| | crease (raising adopted budget due to | unforeseen effect on "revenue" or "evnence") | |
| V A | djustment (correction to adopted budget | due to "grant award" or "budgetary adjustment") | |
| | ***IF an Increase or Decrease, a memo ex | xplaining the need or purpose MUST accompany amendme | |
| | Account Number | Description | |
| то | 131-62000-500135 | | Amount |
| | 101 02000 000100 | Assessment Personnel | 41,267.20 |
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| | | mom 4 x | |
| | | TOTAL | 41,267.20 |
| | Account Number | Description | Amount |
| FROM | 131-62000-500149 | Laborer & Assessment Personnel | |
| | 131-62000-500143 | | 37,315.20 |
| | 1/ | Equipment Operators | 3,952.00 |
| - | | | |
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| - | | | |
| | | | |
| | | TOTAL | 41,267.20 |
| Explanati | on: Payroll position changes requ | | 11,207.20 |
| EE0016 | 650 to EE4772 | | |
| | 339 reclass position | | |
| | //a / / | | |
| -/ | HAN :) A | | |
| // | IIII lucash 14. | 1/11 | 1 1 1 1 1 1 |
| ignature | of Official/Department/Head/Date | Significant County Coun | 7-27-17 |
| | | Signature of County Mayor/Date | |



Department; Drug Task Force FY 17-18 Account: 363-054150 Type of Amendment: (check one) **✓** Transfer (no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease 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*** Amount Description Account Number **Custodial Supplies** 500,00 363-054150-500410-0 TO TOTAL 500.00 Amount Description Account Number 500.00 FROM 363-054150-500499-0 Other Supplies and Materials TOTAL 500.00 Explanation: To move money into proper line item

FY 17-18

Department: GPSF
Account: 141-Various

| ✓ Trans Decre | ease (reducing adopted budget due to unase (raising adopted budget due to unase) | get) inforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") to "grant award" or "budgetary adjustment") | |
|----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 299 | TF an Increase or Decrease, a memo explai | ning the need or purpose MUST accompany amendmen | nt form *** |
| | Account Number | Description | Amount |
| то | 141-72620-335 | Maintenance & Repair - Buildings | 25,000.00 |
| | 141-72620-336 | Maintenance & Repair - Equipment | 25,000.00 |
| | | | |
| | | TOTAL | 50,000.00 |
| | Account Number | Description | Amount |
| FROM | 141-72620-399 | Other Contracted Services | 50,000.00 |
| | | | |
| Explanation | Transfer to correct object codes | TOTAL | 50,000.00 |
| Signature of | Sificial/Separtment Head/Date requiring committee approval are due to Sr. Financia cutive Computibles Washington | Signature of County Motor/Date al Analyst's Office by noon on the Tuesday before the Budget Commi | ttee Meeting. |



| ment: (check one) o overall change to adopted bu ducing adopted budget due to sing adopted budget due to un prrection to adopted budget du | unforeseen effect on "re | Account: 51500 | () () () () () () () () () () |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| ise or Decrease, a memo expl | | nue" or "expense") udgetary adjustment") | nt form*** |
| Account Number | | | Amount |
| 1-051500-500334-0 | | | 10,200.00 |
| | | | |
| | | TOTAL | 10,200.00 |
| Account Number | Des | scription | Amount |
| 1-051500-500333-0 | lic | censes | 10,200.00 |
| | | | |
| | | TOTAL | 10,200.00 |
| Harp maintenance | | | 10,200.00 |
| | Account Number 01-051500-500334-0 | Account Number Des Maintenar D | TOTAL Account Number Description 1-051500-500333-0 licenses TOTAL TOTAL |

*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 17-18 | Department: 101-54110/54117 | |
|----------------------------------|-------------------------------------|--------------------------------------------------------------|-----------------------------------|------------|
| T 5 A | and the production of the second | | Account: Sheriff to Victim Assist | ance |
| ✓ Transfer ☐ Decrease ☐ Increase | e (reducing adopted budget due to | unforeseen effect <mark>o</mark> n nforeseen effect on "i | revenue" or "expense") | |
| ***IF a | n Increase or Decrease, a memo expl | aining the need or pu | rpose MUST accompany amendme | nt form*** |
| | Account Number | | Description | Amount |
| то | 101-54117-500207 | Н | ealth Insurance | 23,008.00 |
| | | | a1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 23,008.00 |
| | Account Number | | Description | Amount |
| FROM | 101-54110-500207 | He | alth Insurance | 23,008.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Explanation: | to cover 20% match of Victim (| Coordinator grant | TOTAL | 23,008.00 |
| | | () | | |
| | L' | | | VIII 3 |
| Signature of Official | B-2 7.6.17 | Signature of C | Dischell 7 | 21-17 |

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

FY 17-18

Department: Human Resources 7 00037.
Dunt: 101-051310 Account: 101-051310

| Туре | of Amendment: (check one) | | |
|----------|---------------------------------------------------|-------------------------------------------------|---------------------|
| ✓Tra | ansfer (no overall change to adopted bud | | |
| De | | unforeseen effect on "revenue" or "expense") | |
| | | foreseen effect on "revenue" or "expense") | |
| Ac | ljustment (correction to adopted budget du | e to "grant award" or "budgetary adjustment") | |
| | ***IF an Increase or Decrease, a memo expla | ining the need or purpose MUST accompany amendm | ent form*** |
| | Account Number | Description | Amount |
| то | 101-051310-500399 | other contracted services | 12,500.00 |
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| | | TOTAL | 12,500.00 |
| | | | |
| | Account Number | Description | Amount |
| FROM | 101-051310-500499 | other supplies & materials | 12,500.00 |
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| | | | |
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| | | TOTAL | 12,500.00 |
| Finding. | Aine. | , | 12,000.00 |
| Explana | change to another line which w | ould be more appropriate per purchasing | |
| | | | |
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| | | | |
| | 1 1 - 4/2/1 | in Red 11 n | 0111 |
| | poder 1/d/ | | 21-17 |
| Signatur | e of Official/Department Head/Date | Signature of County Mayor/Day | |
| V | | | Control & an Carl C |



| | | FY 17-18 | Department: Rables / Account: 101-55120 | Animal Control |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------|
| ✓ fra Dec Jhor Adj | of Amendment: (check one) insfer (no overall change to adopted bu crease (reducing adopted budget due to us crease (raising adopted budget due to us ustanent (correction to adopted budget du **IF an Increase or Decrease, a memo explo | unforeseen effect on "re nforeseen effect on "reve e to "grant award" or "b | evenue" or "expense") enue" or "expense") oudgetary adjustment") | ent form*** |
| | Account Number | The state of the s | escription | Amount |
| то | 101-55120-500410 | Custo | dial Supplies | 4,700.0 |
| | 101-55120-500330 | Lease | e Payments | 700.0 |
| | | | | |
| | | | TOTAL | 5,400.00 |
| ГТ | Account Number | De | scription | Amount |
| FROM | 101-55120-500499 | Other Supp | lies and Materials | 4,700.00 |
| | 101-55120-500399 | Other Cont | tracted Services | 700.00 |
| | | | | |
| | | (N) | TOTAL | 5,400.00 |
| Money tra | ed to this new line item and 500499 needs to ansferred into line item 500330 to pay appalace | be credited. hian business for animal of Signature of Court | control copier. Line item 399 need | s to be credited. |



| | Buc | Budget Amendment Request | | (7000 |
|------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------|
| | | FY 17-18 | Department: IT Account: 52600 | |
| ✓Trans □Decre □Incre □Adjus | ease (reducing adopted budget due to | unforeseen effect on nforeseen effect on "roue to "grant award" or | evenue" or "expense") "budgetary adjustment") | lment form*** |
| 1 | Account Number | | Description | Amount |
| то | 101-52600-500307 | the second secon | ommunications | 25,000.00 |
| | | | | |
| | | | TOTAL | 25,000.00 |
| | Account Number | | Description | Amount |
| FROM | 101-52600-500317 | Data P | rocessing Services | 25,000.00 |
| | | | | |
| | | | TOTAL | 25,000.00 |
| Explanation | transfer to correct line for Wind | dstream/AT&T charge | s to the county | |



FY 17-18

Department: Circuit Court Clerk
Account: 53120

| | e of Amendment: (check one) | | | |
|--------------|------------------------------------------------|-------------------------------------------------|-------------|--|
| - | Transfer (no overall change to adopted budget) | | | |
| | | unforeseen effect on "revenue" or "expense") | | |
| 11.7 | | foreseen effect on "revenue" or "expense") | | |
| The state of | | e to "grant award" or "budgetary adjustment") | | |
| | ***IF an Increase or Decrease, a memo expla | ining the need or purpose MUST accompany amendm | ent form*** | |
| | Account Number | Description | Amount | |
| то | 101-053120-500410 | Custodial Supplies | 500.00 | |
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| | | J | | |
| | | TOTAL | 500.00 | |
| | | | | |
| | Account Number | Description | Amount | |
| FROM | 101-053120-500499 | Other Supplies and Materials | 500.00 | |
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| | | TOTAL | 500.00 | |
| Explana | tion: To set up line for custodial supp | olies (1) | | |
| | * | / 30 | | |
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| | | - | | |
| | | 05. 200 | , | |
| ۵1 | mra Walker 7/18/ | 17 FXXX | 7-18-17 | |
| | e of Official/Department Head/Date | Signature of County Mayor/Date | 1 10 . 1 | |



FY-16-17 18

Department: Circuit Court
Account: 053120

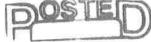
| ✓Tra □De □Ine □Ac | crease (raising adopted budget due to un ljustment (correction to adopted budget du | unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment") | |
|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------|
| i | | aining the need or purpose MUST accompany amend | |
| | Account Number | Description | Amount |
| то | 101-053120-500169 | Part Time Personnel | 3,444.00 |
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| | | | |
| | | TOTAL | 0.111.00 |
| | | TOTAL | 3,444.00 |
| | Account Number | Description | Amount |
| FROM | 101-053120-500187 | Overtime/Vacation Relief | 3,444.00 |
| | | | |
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| | | | |
| | | TOTAL | 3,444.00 |
| Explanat | Transfer to Part Time Personn | nel due to the fact that our part time people cover all vac | |
| <u>Ja.</u> | e of Official/Department Head/Date | Signature of County Mayor/Date | 18-17 |

17000321 Lawlibrary

| | | FY 17-18 | Department: Gircui | 114-58400 |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|-----------------|
| | | | Account: 099120 | 114-30900 |
| ✓Tr. □De □Ine | e of Amendment: (check one) ansfer (no overall change to adopted budget due to crease (raising adopted budget due to ur ljustment (correction to adopted budget due | unforeseen effect on ' oforeseen effect on "re | venue" or "expense") | |
| | ***IF an Increase or Decrease, a memo explo | | | |
| | Account Number | | Description | Amount |
| то | 114-058400-500333 | Licenses | <u> </u> | 8,856.00 |
| | 114-036-00-000333 | Licenses | | |
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| | | | ТО | TAL 8,856.00 |
| | | | | 0. - |
| | Account Number | [| Description | Amount |
| FROM | 114-058400-500399-0000 | Other C | ontracted Services | 8,856.00 |
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| | | | TO | TAL 8,856.00 |
| Explanat | ion: Transfer to specific line for law | library. | | |
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| | | 7 1 1 | | |
| | | (X2) | | |

*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



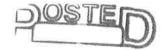
| | | FY 17-18 | Department: Humar Account: 101-51310 | Resources |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|-------------------|
| ✓Tr □De □In | e of Amendment: (check one) ansfer (no overall change to adopted but crease (reducing adopted budget due to crease (raising adopted budget due to ur ljustment (correction to adopted budget du | unforeseen effect o oforeseen effect on ' | n "revenue" or "expense") / | 7000 186 |
| | ***IF an Increase or Decrease, a memo explo | | | ment form*** |
| | Account Number | ming the need of p | Description | Amount |
| то | 101-051310-500320 | Due | es & Memberships | 10.00 |
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| | | * | TOTAL | 10.00 |
| | | | | |
| | Account Number | | Description | Amount |
| FROM | 101-051310-500599 | | Other Charges | 10.00 |
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| | | | TOTAL | 10.00 |
| Explanat | ion: SHRM Annual Membership inc | reased | | |
| | | 12 | | |
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| 7 | AMarga alalis | 1 | ANN. | 2 10 10 |
| Jen | of Official/Department Head/Date | 1 | County Mayor/Date | 7-18-17 |
| 1 | | | | |
| *All requ | ests requiring committee approval are due to Sr. Financ | ial Analyst's Office by no | on on the Tuesday before the Budget Cor | minittee Meeting. |



FY 17-18

| Department: | Other General Administration |
|---------------|------------------------------|
| count: 051900 | |

| ✓Tr □De □In | crease (raising adopted budget due to un ljustment (correction to adopted budget du | dget) unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") uning the need or purpose MUST accompany amend | 1700018 |
|-------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | Account Number | Description | Amount |
| то | 101-051900-500332 | Legal Notices | 240.00 |
| | | > | |
| | | TOTAL | |
| | | TOTAL | 240.00 |
| | Account Number | Description | Amount |
| FROM | 101-051900-500435 | Office Supplies | 240.00 |
| | | | |
| | | TOTAL | 240.00 |
| Explanat | | ices anticipated for FY 17-18 | |
| Signature | e of Official/Department Head/Date | Signature of County Mayor/Date | -18-17 |



FY 17-18

Department: Rables / Animal Control

Account: 101-55120

| ✓ Tr | of Amendment: (check one) ansfer (no overall change to adopted budge | et) | 170002 |
|-----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|
| □]Ind | crease (raising adopted budget due to unfo ljustment (correction to adopted budget due t | reseen effect on "revenue" or "expense") o "grant award" or "budgetary adjustment") | |
| | | ing the need or purpose MUST accompany amendme | |
| | Account Number | Description | Amount |
| то | 101-55120-500330 | Lease Payments | 1,700.00 |
| | | | |
| | | TOTAL | 1,700.00 |
| | Account Number | Description | Amount |
| FROM | 101-55120-500399 | Other Contracted Services | 1,700.00 |
| | | | |
| | | TOTAL | 1,700.00 |
| Explanati | on: Following guidelines for lease pay | ments for Canon Copier and Ricoh Copier. | |
| FAR! | of Official/Department Head/Date | Signature of County-Mayor/Date | 7-18-17 |



| | | FY 16-17 17/18 | Department: Circuit Court Jo Account: 053110 | udge |
|----------------------------------|--------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------|-------------|
| ✓ Trans □ Decre □ Incre □ Adjus | ease (reducing adopted budget due to | unforeseen effect on ' foreseen effect on "re e to "grant award" or | venue" or "expense") "budgetary adjustment") | ent form*** |
| | Account Number | | Description | Amount |
| то | 101-053110-500336 | Maintenance and | Repair Services - Equipment | 1,000.00 |
| | | | | |
| | | | TOTAL | 1,000.00 |
| | Account Number | [| Description | Amount |
| FROM | 101-053110-500399 | Other Co | ontracted Services | 1,000.00 |
| | | | | |
| - | | | | |
| Explanation: | Transfer to specific line for equ | ipment repairs. | TOTAL | 1,000.00 |

*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 Official/Department Head/Date



FY 16-17/18

Department: Circuit Court
Account: 053120

| Type | e of Amendment: (check one) | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|
| ✓ Tr | ansfer (no overall change to adopted bu | dget) | |
| De | ecrease (reducing adopted budget due to | unforeseen effect on "revenue" or "expense") | |
| 3000000 | | nforeseen effect on "revenue" or "expense") | |
| Ac | djustment (correction to adopted budget du | ue to "grant award" or "budgetary adjustment") | |
| | ***IF an Increase or Decrease, a memo expl | aining the need or purpose MUST accompany amendme | nt form*** |
| | Account Number | Description | Amount |
| то | 101-053120-500312 | Contracts with Private Agencies | 2,740.00 |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | TOTAL | 2,740.00 |
| | Y | | |
| | Account Number | Description | Amount |
| FROM | 101-053120-500399 | Other Contracted Services | 2,740.00 |
| | | | |
| | | , | |
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| | | | |
| \neg | | | |
| | | TOTAL | 2,740.00 |
| | | <u> </u> | 2,740.00 |
| Explana | tion: Transfer to specific line for private line | vate agency contract. | |
| | | (a) | |
| | | | |
| | | / | N. |
| | 87 NF. | | 0 10 |
| \bigcirc | amra Walker 7/11/1 | | 8-17 |
| Signatur | of Official/Department Head/Date | Signature of County Mayor/Date | |



FY 17-18

Department: School Nutrition Program

| ***IF ai | n Increase or Decrease, a memo explain Account Number | ing the need or purpose MUST accompany amendme. Description | Amount |
|-------------|----------------------------------------------------------|--------------------------------------------------------------|-----------|
| 70 | Account Number | | |
| то | 143-73100-471 | Software | 13,787.0 |
| _ | 143-73100-330 | Operating Lease Payments | 11,879.0 |
| | 143-73100-334 | Maintenance Agreements | 50,366.6 |
| | 143-73100-361 | Permits | 1,680.0 |
| | 143-73100-421 | Food Prep Supplies | 75,000.0 |
| | | TOTAL | 152,712.6 |
| | Account Number | Description | Amount |
| ROM ' | | | 76,032.6 |
| | 143-73100-399 | Other Contracted Services | 1,680.0 |
| | 143-73100-599 | Other Charges | 75,000.0 |
| | 143-73100-499 | Other Supplies & Materials | 73,000.0 |
| | | | |
| | | TOTAL | 152,712.6 |
| xplanation: | Transfer to correct object codes | (A) | |
| | | Ac In the | , |
| Tre | 1 Appen 7-1-17 | Signature of County Mayor Date | 7-18-17 |

Hebra Vegeling



nartment GPSF

| | | Department: Of St. | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|
| | | Account: 141-Various | |
| Туре | of Amendment: (check one) | | |
| ✓ Tra | insfer (no overall change to adopted but | | |
| Service St. | | unforeseen effect on "revenue" or "expense") | |
| | | nforeseen effect on "revenue" or "expense") | |
| | The state of the s | ie to "grant award" or "budgetary adjustment") | |
| | **IF an Increase or Decrease, a memo expl | nining the need or purpose MUST accompany amendme | nt form*** |
| | Account Number | Description | Amount |
| TO | 141-72620-334 | Maintenance Agreements | 19,500.00 |
| | 141-72620-336 | Maintenance & Repair - Equipment | 5,000.00 |
| | 141-72620-347 | Pest Control | 12,272.96 |
| | 141-72620-361 | Permits | 3,000.00 |
| | 141-72620-399 | Other Contracted Services | 27,888.00 |
| | 141-72620-707 | Building Improvements | 8,000.00 |
| | 141-73400-310 | Contracts with Other Public Agencies | 30,000.00 |
| | 141-72220-340 | Medical & Dental Services | 300,110.25 |
| | | | |
| | | TOTAL | 405,771.21 |
| | | | |
| | Account Number | Description | Amount |
| FROM | 141-72620-399 | Other Contracted Services | 39,772.96 |
| | 141-72620-599 | Other Charges | 27,888.00 |
| | 141-72620-790 | Other Equipment | 8,000.00 |
| | 141-73400-399 | Other Contracted Services | 30,000.00 |
| | 141-72220-399 | Other Contracted Services | 300,110.25 |
| | | | |
| | | | |
| 一十 | | | |
| \neg | | | |
| | | TOTAL | 405,771.21 |
| Explanati | on: Transfer to correct object code | 9 1 | |
| , | Transfer to berreet epiget even | / R | |
| PAGE 3 | OE 3 | | |
| AGE | , 0, 0 | | |
| | | 100 | 1 10 1 |
| | 627 | CXX DAY | 7-18-11 |
| 2 | loy dogan 7-1-17 olofficial/Department Head/Date | 100 mg | ,,,,, |



| Department: | GPSF |
|----------------------|------|
| Associate 141 Vacion | IC. |

| | | FY 17-18 | Department: GPSF | |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|------------|
| | | | Account: 141-Various | |
| - | Amendment: (check one) | | | |
| ✓ Trans | fer (no overall change to adopted by | idget) | "sevenue" or "ovnonce") | |
| Decre | 1001-0 | nforeseen effect on "r | evenue or expense / | |
| | tment (correction to adopted budget d | the to "grant award" of | ""hudgetary adjustment") | |
| | F an Increase or Decrease, a memo exp | | | nt form*** |
| , , , , , , , , , , , , , , , , , , , | Account Number | dining the need of pa | Description | Amount |
| то | 141-72320-330 | Operati | ng Lease Payments | 11,000.00 |
| | 141-72410-320 | | and Memberships | 200.00 |
| | 141-72410-330 | 1 | ng Lease Payments | 815.28 |
| | 141-72410-350 | Inter | net Connectivity | 131,500.00 |
| | 141-72410-351 | 1 | Rentals | 8,000.00 |
| | 141-72610-334 | Mainte | nance Agreements | 159,861.00 |
| | 141-72610-336 | Maintenanc | e & Repair - Equipment | 5,868.00 |
| | 141-72610-361 | | Permits | 2,080.00 |
| | | | | |
| | | | TOTAL | 319,324.28 |
| | Account Number | | Description | Amount |
| FROM | 141-72320-399 | Other C | Contracted Services | 11,000.00 |
| | 141-72410-599 | 0 | ther Charges | 8,200.00 |
| | 141-72410-399 | Other C | Contracted Services | 815.28 |
| | 141-72410-307 | Co | mmunications | 131,500.00 |
| | 141-72610-399 | Other C | ontracted Services | 167,809.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 319,324.28 |
| Contractions | Tarantan ka anyan kabinak an d | | TOTAL | 313,324.20 |
| Explanation: | Transfer to correct object cod | es. | | |
| PAGE 2 OF | - 3 | | | |
| | | | | |
| 7. | 2 | | XXIII | 7-18-17 |
| Signature num | Micial/Department Head/Dale | Signature of (| County Mayor/Date | 1011 |
| Significance of the | THE PROPERTY OF THE PARTY OF TH | 4.6 | * * * * | |



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|---|----|-------------|----------|------|----|
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| | 1. | -/ | 000 | IL | 5 |
| c | 1 | (| | 1000 | 1 |

| | | FY 17-18 Department: GPSI | |
|------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------|
| | | Account: 141-Various | |
| | Amendment: (check one) | | |
| ✓ Transfe | (no overall change to adopted bu | | |
| Decreas | (reducing adopted budget due to | unforeseen effect on "revenue" or "expense") | |
| Increas | e (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 amen | dment form *** |
| 1 1 | Account Number | Description | Amount |
| то | 141-71100-369 | Contracts for Substitute Teachers - Certified | 1,140,000.00 |
| | 141-77100-309 | Medical and Dental Services | 2,000.00 |
| | 141-72130-471 | Software | 125,069.76 |
| - | 141-72220-330 | Operating Lease Payments | 2,400.00 |
| | 141-72250-471 | Software | 145,744.72 |
| | 141-72250-524 | Professional Development | 2,500.00 |
| | 141-72310-324 | Contracts with Government Agencies | 6,500.00 |
| | | Financial Advisory Services | 4,000.00 |
| | 141-72310-324 | Fillalicial Advisory Services | 1,000.00 |
| | | TOTAL | 1,428,214.48 |
| | | 10171 | 1,120,211.10 |
| | Account Number | Description | Amount |
| FROM | 141-71100-399 | Other Contracted Services | 1,140,000.00 |
| | 141-72120-399 | Other Contracted Services | 2,000.00 |
| | 141-72130-399 | Other Contracted Services | 125,069.76 |
| | 141-72220-399 | Other Contracted Services | 2,400.00 |
| | 141-72250-399 | Other Contracted Services | 148,244.72 |
| | 141-72310-399 | Other Contracted Services | 10,500.00 |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 1,428,214.48 |
| Explanation: | Transfer to correct object cod | es Ne | |
| | | | |
| PAGE 1 OF | 3 | | |
| | | | |
| | 1 | CX STAIL | 118-11 |
| - J. | 10y dayon 1-1-17 | Signature of County Mayor/Day | 1-0-11 |
| Signature of Off | Chal perhanting the Head/Date | Signature or county mayor was | |



FY 1.7-18

| 162(| 1 10000 |
|--------------------------------|-------------------------|
| Department: Account: 146-73300 | Extended School Program |
| revenue" or "expense") | |
| venue" or "expense") | |
| 'budgetary adjustment" |) |
| ance MUST accompany | amandment form*** |

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")

| | Account Number | Description | Amount |
|----|----------------|--------------------------|----------|
| то | | | |
| | 146-73300-471 | Software | 2,500.00 |
| | 146-73300-330 | Operating Lease Payments | 4,000.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 6,500.00 |

| | Account Number | Description | Amount |
|------|----------------|---------------------------|----------|
| FROM | | | |
| | 146-73300-399 | Other Contracted Services | 6,500.00 |
| | | | |
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| _ | | | |
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| | | | |
| | | TOTAL | 6,500.00 |

| Explanation: | Transfer to correct object codes. | |
|----------------------|--------------------------------------------------------------------------------------|---|
| | (va) | |
| | | |
| | | |
| Troy | Lagran 7-1-17 ES July 1-18-17 I/Department Head/Date Signature of County Mayor/Data | 7 |
| Signature of Officia | I/Deburtment 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.

Lebra Veglineff

Budget Amendment Request

FY 17-18

| t | | PU | 5 | 张 | |
|----------------|-----------|----|----|----|-----|
| Department: | 101-51800 | | 70 | ٥٥ | 021 |
| Account: Mtce. | | | | | |

| Туре | 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") | |
| Inc | crease (raising adopted budget due to ur | nforeseen effect on "revenue" or "expense") | |
| | | re to "grant award" or "budgetary adjustment") | |
| 4 | ***IF an Increase or Decrease, a memo explo | aining the need or purpose MUST accompany amendm | ent form*** |
| | Account Number | Description | Amount |
| то | 330 | Leases | 11,892.24 |
| | | | |
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| | 10.000 | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL | 11,892.24 |
| | | | |
| | Account Number | Description | Amount |
| FROM | 300 | Leases - incorrectly labeled | 11,892.24 |
| TROM | 300 | | |
| | 1025 | | |
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| | | | |
| | 11 11 11 11 11 11 11 11 11 11 11 11 11 | | |
| | | | |
| l | | | |
| | | TOTAL | 11,892.24 |
| Explanat | ion: Accounting error - leases sho | ould be 330, not 300 | |
| | , tooderming error | | |
| | | -/ XV | |
| | | 1/1 | *************************************** |
| | | 100000 | |
| | 2) Intr | SXXIII. | 7-18-17 |
| Shipater | e of Official/Department Head/Date | Signature of County Mayor/Date | |
| aignatul | e wi Official/Department read/Date | | |

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



FY 17-18

Department: Drug Task Force

Account: 363-054150

| | e of Amendment: (check one) | | 17000 |
|----------|------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|
| | ansfer (no overall change to adopted budgerease (reducing adopted budget due to un | get) nforeseen effect on "revenue" or "expense") | 16000 |
| = | | preseen effect on "revenue" or "expense") | |
| _ | ljustment (correction to adopted budget due | | |
| - | | ning the need or purpose MUST accompany amendm | ent form*** |
| | Account Number | Description | Amount |
| то | 363-054150-500333-0 | Licenses | 650.00 |
| 10 | 363-034150-500333-0 | Licenses | 030,00 |
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| - | | | |
| | | TOTAL | 050.00 |
| | | TOTAL | 650.00 |
| | Angeriat Niumber | Description | Amount |
| - | Account Number | | 650.00 |
| OM | 363-054150-500334-0 | Maintenance Agreement | 030.00 |
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| | | TOTAL | 252.22 |
| | | TOTAL | 650.00 |
| lanati | on: Move to correct account a secon | d time per Purchasing | |
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| | | | |
| - | Another I | 1 1001 | 11/20 |
| _ | on Julial 07/12 | | X 1-18-1 |
| flure | of Official/Department Head/Date | Signature of County Mayor/Date | |

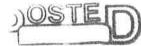


| | | FY 17-18 | Department: Hwy | |
|--------------------|--------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | | | Account: 131 | |
| | Amendment: (check one) | | | |
| Transfer | | | | |
| Decreas | | | | |
| Increase | | | | |
| Adjustm | nent (correction to adopted budget d | ue to "grant award" | or "budgetary adjustment") | |
| ***IF a | in Increase or Decrease, a memo exp | laining the need or p | urpose MUST accompany amendmo | ≥nt form*** |
| | Account Number | | Description | Amount |
| то | 131-062000-500422 | | Food Supplies | 2,500.00 |
| | 131-062000-500451 | | Uniforms | 5,000.00 |
| | | | | |
| _ | | <u> </u> | | |
| - | | 1 | | |
| | | | | |
| | | 4 | | |
| | | 1 | TOTAL | 7,500.00 |
| | Account Number | | Description | Amount |
| ROM | 131-062000-500404 | - | Asphalt | 7,500.00 |
| KOW | 131-062000-300404 | | Aspirali | 7,300.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 7,500.00 |
| xplanation | Move money for meeting supp | olies to correct line its | em and replacing supervisors uniform | |
| | | | HIRITIAN CONTRACTOR OF THE PARTY OF THE PART | |
| | | Re | | |
| /_ | -// | | | |
| [4] (| Head to 1/3/19 | | SAfull 1 | -18-17 |
| ignatyrig of Offic | MayDepartment Head/Date / / | Signature of | County Mayor/Date | <u>f</u>) |

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

Budget Amendment Request

FY 17-18 Department: Sheriff Account: 101-064000 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 101-064000-500310-0 Contracts w/ Other Public Agencies 20,000.00 TOTAL 20,000.00 Account Number Description Amount FROM 101-064000-500399-0 Other Contracted Services 20,000.00 TOTAL 20,000.00 Explanation: To place funds in proper account per Purchasing Signature of County D



| | buc | ibee / illiellallielle | 4.550 | |
|-----------|-----------------------------------------------|------------------------|---------------------------|------------|
| | | FY 17-18 | Department: <u>M</u> ai | ntenance |
| | | | Account: 101-051800 | |
| Type | of Amendment: (check one) | | | et Di |
| - | nnsfer (no overall change to adopted but | dget) | | 17, -11- |
| - Section | crease (reducing adopted budget due to | | n "revenue" or "expense") | 1700015 |
| | rease (raising adopted budget due to ur | | | |
| | [Justine and (correction to adopted budget du | | | |
| - | | | | at at at a |
| | ***IF an Increase or Decrease, a memo explo | ining the need or p | | |
| | Account Number | | Description | Amount |
| то | 101-051800-500717 | Mair | ntenance Equipment | 500.00 |
| | | | | |
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| | | | TOTA | L 500.00 |
| | | | 1017 | AL |
| | Account Number | | Description | Amount |
| FROM | 101-051800-500410 | С | ustodial Supplies | 500.00 |
| | | | | |
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| | | | mom . | T 500.00 |
| | | | TOTA | L 500.00 |

Ineeds funds for enclosed trailer for Custodial Dept

Signature of Official/Department Head/Date

Ineeds funds for enclosed trailer for Custodial Dept

Signature of County Mayor/Date



FY 17-18

Department: Maintenance

Account: 101-051800

| ✓ Fransfer Decrease | | get) Inforeseen effect on "revenue" or "expense") | 170001 |
|----------------------|-----------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------|
| | (correction to adopted budget due | foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") | |
| ***IF a | | ining the need or purpose MUST accompany amendme | |
| | Account Number | Description | Amount |
| то | 101-051800-500300 | Leases | 1,642.2 |
| | (500300) | | |
| | | | |
| | | TOTAL | 1,642.24 |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Account Number | Description | Amount |
| FROM | 101-051800-500707 | Building Improvements | 1,642.24 |
| | | | |
| | | TOTAL | 1,642.24 |
| Explanation: | needs funds for enterprise truck | | |
| Signature of Office | cial/Department Head/Date | Signature of County Mayor/Date | 2-11-17 |



Department: Development Services FY 17-18 Account: 51710 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 on Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** Account Number Description Amount TO 101-51710-500330 Lease Payments 3,600.00 TOTAL 3,600.00 Account Number Description Amount FROM 101-51710-500338 3,600.00 Maint. & Repair Services-Vehicles TOTAL 3,600.00 Explanation: Canon Solutions Lease is needed in line 500330 instead of 500399

Budget Amendment Request

FY 17-18

| Department. | . Ottoriii | |
|--------------------|------------|--|
| Account: 101-05411 | 0 | |

| | | Account: 101-054110 | |
|---------------|------------------------------------------|------------------------------------------------------------|-------------|
| | f Amendment: (check one) | | |
| ✓ Trans | fer (no overall change to adopted budg | get) | |
| Decre | ase (reducing adopted budget due to u | nforeseen effect on "revenue" or "expense") | |
| Increa | | preseen effect on "revenue" or "expense") | |
| Adjus | tment (correction to adopted budget due | to "grant award" or "budgetary adjustment") | |
| ***/ | F an Increase or Decrease, a memo explai | ning the need or purpose MUST accompany amendme | ent form*** |
| | Account Number | Description | Amount |
| TO | 101-054110-500351-0 | Rental | 3,000.0 |
| | 101-054110-500422-0 | Food Supplies | 6,000.0 |
| | 101-054110-500413-0 | Drugs & Medical Supplies | 6,000.0 |
| | | | |
| | | | |
| | | TOTAL | 15,000.00 |
| | Account Number | Description | Amount |
| FROM | 101-054110-500399-0 | Other Contracted Services | 3,000.00 |
| | 101-054110-500355-0 | Travel | 6,000.00 |
| | 101-054110-500499-0 | Other Supplies & Materials | 6,000.00 |
| | | | |
| | | | |
| | | TOTAL | 15,000.00 |
| xplanation: | To place funds in the proper acco | unts to get POs for rental, food for meetings, & first aid | |
| accines for | | W | |
| | | A 9 | |
| | | 1 | |
| Man. | 1 Burn 7-6-19 | 1 XXXXX 1 | 6-17 |
| ghature of Of | ficial/Department Head/paye | Signature of County Mayor/Date | 61/ |



| | | FY 16-17 8 Department: | | |
|----------|------------------------------------------------|--------------------------------|--------------|--|
| | djustment (correction to adopted budget due to | | | |
| | Account Number | Description | Amount | |
| ОТ | 101-55110-560520 | Dues + Membership | 4900.00 | |
| | | | | |
| | | TOTAL | 0.00 | |
| | Account Number | Description | Amount | |
| FROM | 101-55110-500399 | Other Contracted Services | # 200-00 | |
| Explana | tion: | TOTAL | 8 200 ° 0:00 | |
| Signatur | of Official/Department Head/Date | Signature of County Mayor Date | 7-6-11 | |

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



Department: Information Technology FY 17-18 Account: 052600 Type of Amendment: (check one) (no overall change to adopted budget) ✓ Transfer (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease (raising adopted budget due to unforeseen effect on "revenue" or "expense") Increase Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** Amount Description Account Number 3,000.00 500169 Part Time Personnel TOTAL 3,000.00 Amount Description Account Number 3,000.00 Supervisor/Director FROM 500105

| TOTAL | 3,000.0 | |
|-------|---------|--|
| | 71 | |
| | | |
| | | |

Explanation:

Transfer to fund Part Time Interns

Joseph Cain 7-6-17

Signature of County Mayor/Date

Budget Amendment Request

POSTED 17000 116

FY 17-18

Department: Sheriff Account: 101-054110

| Decrea | | unforeseen effect on "revenue" or "expense") Iforeseen effect on "revenue" or "expense") | |
|---------------|-----------------------------------------|---------------------------------------------------------------------------------------------|----------|
| - makes to | | e to "grant award" or "budgetary adjustment") | |
| ***// | F an Increase or Decrease, a memo explo | ining the need or purpose MUST accompany amendme | |
| | Account Number | Description | Amount |
| то | 101-054110-500332-0 | Legal Notices | 1,000.00 |
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| | | | |
| | | TOTAL | 1 000 00 |
| | | TOTAL | 1,000.00 |
| | Account Number | Description | Amount |
| FROM | 101-054110-500349-0 | Printing | 1,000.00 |
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| | | | |
| | | TOTAL | 1,000.00 |
| Explanation: | To alone founds to many | | 1,000,00 |
| - Apianation: | To place funds in proper accou | nt for legal hotices, | |
| | | (NO) | |
| | 1 | | |
| _ | | 100 | - 1 |
| ames | 1 13-1 | 70 de XX 7 | 7-6-19 |



FY 17-18

Department: Information Technology
Account: 052600

| | e of Amendment: (check one) | | | | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------|--|--|
| The second second | ansfer (no overall change to adopted bud | | | | |
| The same of the same of | ☐ Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") ☐ Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") | | | | |
| - Children | A CONTRACTOR OF THE CONTRACTOR | | | | |
| | | e to "grant award" or "budgetary adjustment") | | | |
| | ***IF an Increase or Decrease, a memo expla | ining the need or purpose MUST accompany amendme | ent form *** | | |
| | Account Number | Description | Amount | | |
| то | 500121 | Data Processing Personnel | 2,680.00 | | |
| | 333121 | | | | |
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| | | TOTAL | 2,680.00 | | |
| | | | | | |
| | Account Number | Description | Amount | | |
| FROM | 500105 | Supervisor/Director | 2,680.00 | | |
| TROW | 300103 | Supervisor/Birector | 2,000.00 | | |
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| - | | | | | |
| | | | | | |
| | | TOTAL | 2,680.00 | | |
| Explanal | Transfer to fund Jane Jenkin's o | deserved promotion to Senior System Analysts | | | |
| | - | | | | |
| - | | 180 | | | |
| | | 0 | | | |
| | | | | | |
| | 0 0 | 2 x 1/1 1 | 111 | | |
| 100 | aph Cain 7-5-17 | Rd Star 10 | e-//_ | | |
| Signatur | df Official/Department Head/Date | Signature of County Mayor/Date | 1 | | |

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

POSTED 17000118

Department: Drug Task Force FY 17-18 Account: 363-054150 Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") (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 447.00 **Audit Services** 363-054150-500305-0 447.00 TOTAL

| | Account Number | Description | Amount |
|------|-----------------------------------------|---------------|--------|
| FROM | 363-054150-500307-0 | Communication | 447.00 |
| | | | |
| | | | |
| | | | |
| _ | | | |
| - | | | |
| | *************************************** | TOTAL | 447.00 |

| Explanation: | To pay for increase in Audit | |
|----------------------|-----------------------------------------------------|----|
| | (NG) | |
| | (M | |
| | do de | |
| Dow | Tallott 07-05-2017 Ed Suisell 1-6-1 | 11 |
| Signature of Officia | Department Head/Date Signature of County Mayor/Date | 1 |

^{*}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 17 10

POSTED 17000119

| | | Department: Sheriff-J | all |
|-------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| - | 9 S V | Account: 101-054210 | |
| | e of Amendment: (check one) | | |
| Parameter . | ansfer (no overall change to adopted bu | | |
| - | | unforeseen effect on "revenue" or "expense") | |
| L_In | crease (raising adopted budget due to ur | nforeseen effect on "revenue" or "expense") | |
| A | ljustment (correction to adopted budget du | e to "grant award" or "budgetary adjustment") | |
| | | ining the need or purpose MUST accompany amendme | e e e |
| | | | |
| | Account Number | Description | Amount |
| ТО | 101-054210-500413-0 | Drugs & Medical Supplies | 2,500.00 |
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| | | The state of the s | |
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| | | | |
| | | TOTAL | 2,500.00 |
| - | | | |
| | Account Number | Description | Amount |
| FROM | 101-054210-500499-0 | Other Supplies | 2,500.00 |
| | | | |
| | | | |
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| - 1 | | | |
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| | | | |
| | | TOTAL | 2,500.00 |
| Explanatio | To place funds in the proper acc | count to purchase drug tests & vaccines. | |
| | | | |
| | | (XV) | |
| _ | | - / N | |
| | | | |
| 10 | 1 8. 2 = | CXXIVII I | 1110 |
| Marr | A 1-V 11 | (10) Takes 1 | 6-17 |
| Eustplie | 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.

17000120

| | FY-16-17 Department: VETERA | INS SERVIC | ES |
|-------------|-------------------------------------------------------------------------------|------------|----|
| | 17/18 Account: 058300 | | |
| Type of Ame | ndment: (check one) | | |
| ✓ Transfer | (no overall change to adopted budget) | | |
| Decrease | (reducing adopted budget due to unforeseen effect on "revenue" or "expense") | | |
| Increase | (raising adopted budget due to unforeseen effect on "revenue" or "expense") | | |
| Adjustiment | (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 338 VEHICLE MAINT & REPAIR 460.00

Account Number Description Amount

TO 338 VEHICLE MAINT & REPAIR 460.00

TO Account Number Description Amount

TO Account Number Description Amount

TOTAL 460.00

| | Account Number | Description | Amount |
|------|----------------|-------------|--------|
| FROM | 355 | TRAVEL | 460.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | | TOTAL | 460.00 |

Explanation:

COUNTY VEHICLE NEEDS TIRES: NO FUNDS IN LINE 338

7-5-17

Signature of Official/Department Head/Date

Signature of County Mayor/Date

Iment Request

| Prof 1 | | Box B t |
|--------|------|---------|
| 1 | 7/1/ | 01194 |
| l | 1000 | 10-14 |

| | | FY 17-18 | Department: <u>CTCC</u> Account: <u>IDT-5150</u> | 110113 |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|--------|
| | | | Account: 101-5150 | J 650 |
| ⊠Tr: □De □Ine □Ac | e of Amendment: (check one) ansfer (no overall change to adopted bud crease (reducing adopted budget due to un crease (raising adopted budget due to un ijustment (correction to adopted budget due | inforeseen effect on foreseen effect on "r e to "grant award" on | evenue" or "expense") · "budgetary adjustment") | |
| | ***IF an Increase or Decrease, a memo expla | ining the need or pu | | Amount |
| | Account Number | 0 :(1) | Description | |
| то | 101-51500-500707 | Buildin | g Improvements | 900- |
| | | | | |
| | | | TOTAL | 0.00 |
| | Account Number | | Description | Amount |
| FROM | 101-51500-500332 | Legal No | otices | 900 |
| | | | | |
| Explana | tion: | R. | TOTAL | 90.00 |
| | | | | |
| - 11 | | | | |

*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 17-18

Department: Maintenance
Account: 101-51800

| | e of Amendment: (check one) | | | |
|----------|---------------------------------------------------------------------------------------|---------------------------------------------------|------------|--|
| | ansfer (no overall change to adopted bu | | | |
| | Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") | | | |
| | | nforeseen effect on "revenue" or "expense") | | |
| | | ue to "grant award" or "budgetary adjustment") | | |
| | ***IF an Increase or Decrease, a memo expl | aining the need or purpose MUST accompany amendme | nt form*** | |
| | Account Number | Description | Amount | |
| то | 101-51800-500451 | Uniforms | 4,500.00 | |
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| | | TOTAL | 4,500.00 | |
| | | | 10 | |
| | Account Number | Description | Amount | |
| FROM | 101-51800-500334 | Maintenance Agreements | 4,500.00 | |
| 1110111 | 101 01000 000001 | , maintenance / g, t | | |
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| | | TOTAL | 4,500.00 | |
| Explanat | tion: need funds in Uniform line iter | m for Cintas weekly invoices | | |
| Explaine | need lands in Onioni ine iter | mior offices weekly invoices. | | |
| | | (xc) | | |
| | | | | |
| | | | | |
| / | 1 | 98.1811 2 | -5-17 | |
| 1 | 7/3/17 | | 5-1 | |
| Signatur | e of Official/Department Head/Date | Signature of County Mayor/Date | | |

FY 17-18 Department: GPSF Account: 141-72250 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 247,000.00 141-72250-709 Data Processing Equipment TOTAL 247,000.00 **Amount Account Number** Description FROM 247,000.00 141-72250-330 **Operating Lease** 247,000.00 TOTAL Explanation: Transfer funds to cash purchase chromebooks instead of lease purchase finance.

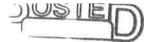
*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

Signature of County Mayor/Dat

Executive Computtee Approval. 7-1-17
Section Sexploraff

For Sun

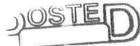
Judy Lagan 7-1-17 Signature Official Department Head/Date



FY 17-18

Department: 101-52220

| | | Account: 500305 audit service | S | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|--|--|
| Type | of Amendment: (check one) | | | | |
| | | | | | |
| 40.10.10 | nnsfer (no overall change to adopted budget) crease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") | | | | |
| | crease (raising adopted budget due to unforeseen effect on "revenue" or "expense") | | | | |
| | lustment (correction to adopted budget due | to "grant award" or "budgetary adjustment") | | | |
| | | ning the need or purpose MUST accompany amendm | ent form*** | | |
| | | | Amount | | |
| | Account Number | Description | | | |
| то | 101-52220-500305 | Audit Services | 5, 6 13.70 | | |
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| | | TOTAL | 5, 0 13.70 | | |
| | | | | | |
| | Account Number | Description | Amount | | |
| FROM | 101-52220-500331 | Legal Services | 5, @ 13.70 | | |
| FICOIVI | 101-02220-000001 | 2090, 001,11000 | | | |
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| | | TOTAL | 5, 6 13.70 | | |
| | | | 0,010.70 | | |
| Explana | State increasing cost of Audit | \$5013.70 | | | |
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| | 60 <u></u> | | | | |
| | 1110 | | | | |
| - | MALIN | 10-4801 | 211.1 | | |
| / | 111 Allerand 7/10 | 17 MARIE | 7-11-17 | | |
| Signatu | re of Official/Department Head/Date | Signature of County Mayor/Daye | | | |
| | | | | | |
| *All reg | uests requiring committee approval are due to Sr. Financ | ial Analyst's Office by noon on the Tuesday before the Budget Com | imittee ivieeting. | | |

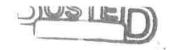


FY 17-18

Department: Information Technology

Account: 052600

| ✓ Tr □De □Ine | crease (raising adopted budget due to un ljustment (correction to adopted budget due | dget) unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") ining the need or purpose MUST accompany amend | 17600/6 |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Account Number | Description | Amount |
| то | 500307 | Communications | 1,888.00 |
| | | | |
| | | TOTAL | 1,888.00 |
| | Account Number | Description | Amount |
| FROM | 500317 | Data Processing Services | 1,888.00 |
| | | TOTAL | 1,888.00 |
| | Net2Phone (Phone system for nating wants iNet2Phone budgeted in 500307 Company of principal partners (Phone system for nating wants iNet2Phone budgeted in 500307 Company of principal partners (Phone system for national partners (Phone system for | | M-17 |



FY 17-18

Department: Register of Deeds Account: 101-51600

| ✓Transfe✓Decrea✓Increas✓Adjust | (reducing adopted budget due to under the correction to adopted budget due to unfold the correction to adopted budget due to under the correction to adopted bud | nforeseen effect on "revenue" or "expense") breseen effect on "revenue" or "expense") to "grant award" or "budgetary adjustment") | 170001 |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| ***IF | | ing the need or purpose MUST accompany amendme | |
| | Account Number | Description | Amount |
| ТО | 101-051600-500350 | Internet Connectivity | 1,380.00 |
| | | | |
| I | | TOTAL | 1,380.00 |
| | Account Number | Description | Amount |
| FROM | 101-051600-500399 | Other Contracted Services | 1,380.00 |
| | | | |
| Explanation: Internet Con | | TOTAL | 1,380.00 to (500350) |
| Per: Angelie Ohy lis Signature of Off | Shankle Lecture 7/10/17 icial/Department Read/Date | Signature of County Mayor/Otte | 7-11-17 |



FY 17-18

Department: Probation
Account: 053910

| | | Account. | |
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| Type | e of Amendment: (check one) | | |
| | ansfer (no overall change to adopted bu | dget) | |
| THE RESERVE AND ADDRESS. | | | M26015 |
| - | | nforeseen effect on "revenue" or "expense") | 7000150 |
| | | ue to "grant award" or "budgetary adjustment") | _ |
| | | aining the need or purpose MUST accompany amendm | ent form*** |
| | Account Number | Description | Amount |
| | | | |
| то | 500349 | printing stationary & forms | 4,000.00 |
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| | | TOTAL | 4,000.00 |
| | | TOTAL | 4,000.00 |
| | | | Amagumt |
| | Account Number | Description | Amount |
| FROM | 500499 | other supplies and materials | 4,000.00 |
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| | | C.I. TOTAL | 4,000.00 |
| | | /· L | 4,000.00 |
| Explana | to place charges in the correc | t account. Uuguu | |
| | | OM.) | 7 |
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| - | ^ | | |
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| | 1 . 1 2/10/10 | 20 Stehel 1-11 | 17 |
| Signatur | e of Official Department Head/Date | Signature of County Mayor/Date | // |
| Jighatur | e with many metal tillent rieady bate | Signature of America Indiana | |



FY 17-18

Department: Probation
Account: 053910

| | | Account | |
|----------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type | e of Amendment: (check one) | | |
| | ansfer (no overall change to adopted bud | get) | |
| | | 713 | 17000111 |
| | | oreseen effect on "revenue" or "expense") | 17000 140 |
| Δ | ljustment (correction to adopted budget due | to "grant award" or "budgetary adjustment") | · |
| _ | | ning the need or purpose MUST accompany amend | nent form*** |
| | Account Number | Description | Amount |
| | 500333 | Licenses | 3,600.00 |
| то | 500333 | Licenses | 0,000.00 |
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| | | TOTAL | 2 000 00 |
| | | TOTAL | 3,600.00 |
| | | | |
| | Account Number | Description | Amount |
| FROM | 500399 | other supplies and materials | 3,600.00 |
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| | | TOTAL | 3,600.00 |
| Explana | tion: to place charges in the correct a | account. | |
| | |) (Gury) | |
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| | , <u> </u> | | |
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| 1 | -1.1. | 9X21111 | 7-11-17 |
| * | on Herd 7/10/17 | Signature of eounty Mayo//Date | / / / / |
| Signatur | e of Official/Department Head/Date | Signature of Founty Mayor/Date | |
| V | | | |



FY 17-18

| Department: Probation | |
|-----------------------|--|
| int: 053910 | |
| | |
| | |

| Type | e of Amendment: (check one) | | |
|----------|-----------------------------------------------|------------------------------------------------|------------|
| ✓ Tr | ansfer (no overall change to adopted budge | | |
| De | | foreseen effect on "revenue" or "expense") | 700014 |
| | | rescent enection revenue of one of | 100011 |
| Ac | ljustment (correction to adopted budget due t | to "grant award" or "budgetary adjustment") | |
| | ***IF an Increase or Decrease, a memo explain | ing the need or purpose MUST accompany amendme | nt form*** |
| | Account Number | Description | Amount |
| | | | 13,500.00 |
| то | 500309 | Government Contracts | 13,300.00 |
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| | | | |
| | | TOTAL | 13,500.00 |
| | | L | |
| | Account Number | Description | Amount |
| | | | |
| FROM | 500399 | Other Supplies and Materials | 13,500.00 |
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| | | TOTAL | 13,500.00 |
| T la | sings | 614 | |
| Explana | to place charges in the correct ac | 1111 | -1100 |
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| 1/2 | and states | 111 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | 211-17 |
| Signatur | e of Official/Department Head/Date | Signature of County Mayor/Date | |
| U | | | |

Budget Amendment Request

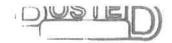
OSTED

FY 16-17

Department: <u>| Realth</u> | Account: <u>| 101 - 55110</u> | |

| | Account Number | Description | Amount |
|-----|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| то | 101-55110-500422 | Food + Supplies | *500. ⁰⁰ |
| | | | |
| | | | |
| | | TOTAL | \$50000 |
| | Account Number | Description | Amount |
| ROM | 101-55110-500,399 | Other contracted Services | # 500 00 |
| | 242 Meyer | | |
| | | | - Westing |
| | | AND THE RESERVE OF THE PARTY OF | |
| | | | |

^{*}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: | Mealth |
|----------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| | crease (raising adopted budget due to u djustment (correction to adopted budget d | odget) unforeseen effect on "revenue" or "expense nforeseen effect on "revenue" or "expense") de to "grant award" or "budgetary adjustmen | 170004 |
| | Account Number | aining the need or purpose MUST accompan Description | |
| то | 101-55110 500334 | Maintenance Agreements | Amount #3500, |
| | 1000 | | |
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| | I PARTIE AND | | |
| | | | |
| | Account Number | Description | OTAL #3500 50 0.0 |
| ROM | 101-55110-500399 | Other contracted Services | Amount 3500. |
| | Great American Lawn Care | | |
| | NINE NINE | | |
| | | | |
| | | | |
| olanatio | on: | TO | TAL \$3500.000.000 |
| | (A | | |
| nature o | of Official/Ocpartment Head/Date | Signature of County Mayor/Mate | 11-11-17 |

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

FY 17-18

Department: 101-53200

Account: Recovery Court

| 777] | Account Number | the need or purpose MUST accompany amendment Description | Amount |
|-------------|-------------------------------------|----------------------------------------------------------|------------------|
| | 101-53200-500413 - 128 | Drugs & Medical Supplies | 28,600.00 |
| | | | |
| | | TOTAL | 28,600.00 |
| | Account Number | Description | Amount 28,600.00 |
| | 101-53200-500499 -128 | | |
| | | TOTAL | 28,600.00 |
| xplanation: | moving in an effort to be more spec | cific/transparent with more descriptive account code | es |

17000140

FY 17-18

Department: Rables / Animal Control

Account: 101-55120

| то 101-55120-5 | unt Number | Description | |
|------------------|------------|------------------------------------------------------------------------------------------------|-----------------|
| | 00330 | Operating Lease Payments | 7,500.00 |
| | | | |
| | | | |
| | | 4 | |
| | | TOTAL | 7,500.00 |
| Accor | unt Number | Description | Amount |
| том 101-55120-50 | 00399 | Other Contracted Services | 7,500.00 |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | TOTAL | 7,500.00 |
| | | oney encumbered. Money needs to be unencumbered, retries Fleet. Per Theresa Johnson-Purchasing | urned to 500399 |
| | | TOTAL | 7,500.0 |
| **** | | | urned to 500399 |

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

At

7)

(7000121

FY 17-18

| Тур | e of Amendment: (check one) | | |
|-------------|-----------------------------------------------|---------------------------------------------------------|---------------------|
| √ Tr | ansfer (no overall change to adopted budge | | |
| De | | iforeseen effect on "revenue" or "expense") | |
| | | reseen effect on "revenue" or "expense") | |
| The same of | djustment (correction to adopted budget due | | |
| | ***IF an Increase or Decrease, a memo explain | ing the need or purpose MUST accompany amendme | |
| | Account Number | Description | Amount |
| то | 363-054150-500347-0 | Pest Control | 400.00 |
| | 363-054150-500334-0 | Maintenence Agreements | 1,275.00 |
| | 363-054150-500330-0 | Operating Lease Payments | 2,800.00 |
| | 363-054150-500328-0 | Janitorial Services | 3,250.00 |
| | 000.05.450.50054.6 | Dankela | 240.00 |
| | 363-054150-500351-0 | Rentals | 240.00 |
| _ | | TOTAL | 7,965.00 |
| | Account Number | Description | Amount |
| FROM | 363-054150-500399-0 | Other Contracted Services | 7,725.00 |
| | | | |
| | 363-054150-500599-0 | Other Charges | 240.00 |
| | | | |
| | : | | |
| | | TOTAL | 7,965.00 |
| Explanat | Hont Wother lie - Hone on a franch | ccepted by Finance when another line exists on the Cha | |
| Explanat | "Other" line items are no longer a | ccepted by Finance when another line exists on the Oric | art di 7 todountes. |
| | | / X | |
| | / | / | |
| | | | |
| - | | XXXIII | 21111 |

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

FY 17-18

D

Account: 101 051910

| epartment: | Records & Archives |
|------------|--------------------|

| ✓Tra De Inc | crease (raising adopted budget due to un ljustment (correction to adopted budget du | dget) unforeseen effect on "revenue" or "expense") uforeseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") unining the need or purpose MUST accompany amenda | 7600187 |
|---------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | Account Number | Description | Amount |
| TO | 101 51910 500330 | Lease Payments | 0.44 |
| | | | |
| | | TOTAL | 0.44 |
| | Account Number | Description | Amount |
| FROM | 101 051910 500399 | Other Contracted Service | 0.44 |
| Explanat | To cover account shortage for 2 12 17 e of Official/Department Head/Date | TOTAL a year on Canon copier lease. 62.37/mo. X 12 mos= S Signature of County Mayor/Date | 0.44 |



Department: Elections FY 17-18 Account: 101-51500 Type of Amendment: (check one) 17000186 ✓ 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 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 Amount Account Number 300.00 101-51500-500707 **Building Improvements** TO TOTAL 300.00 Amount Description **Account Number** Legal Notices 300.00 **FROM** 101-51500-500332 **TOTAL** 300.00 Explanation: Purchase of paint for office.

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 17-18

| ,, | | |
|----------------------|-------|--|
| Department: Juvenile | Court | |

| | | Account: 053500 | | | | |
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| Type | of Amendment: (check one) | | | | | |
| ✓ Tra | | dget) | 17000185 | | | |
| | | unforeseen effect on "revenue" or "expense") | 1000100 | | | |
| - | Increase (reducing adopted budget due to unforeseen effect on "revenue" or "expense") | | | | | |
| TO STATE OF THE ST | | e to "grant award" or "budgetary adjustment") | | | | |
| | | | | | | |
| * | | nining the need or purpose MUST accompany amend | | | | |
| | Account Number | Description | Amount | | | |
| то | 101-053500-500422 | Food Services | 500.00 | | | |
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| | | TOTAL | 500.00 | | | |
| | | | - | | | |
| | Account Number | Description | Amount | | | |
| FROM | 101-053500-500399 | Other Contracted Services | 500.00 | | | |
| | 101 000000 | | | | | |
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| | | TOTAL | 500.00 | | | |
| Explana | tion: Water bill being paid out of wr | ong line item. | | | | |
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| | 7.0 | (4) | | | | |
| | | 100 | | | | |
| | 1/1 | 9 | | | | |
| | 12 11 11- | 2 DXI | 1-12.11 | | | |
| _/ | V 11/2 (11111) | 1 The self | 110-11 | | | |
| Signatur | e of Official/Degar ment Head/Date | Signature of County Mayor/Date | | | | |
| / | , , , , | ncial Analyst's Office by noon on the Tuesday before the Budget C | ommittee Meeting | | | |
| * All reg | lests requiring committee approval are due to Sr. Finar | icial Analyst's Office by noon on the Tuesday before the budget c | Ottomatece Micerialis. | | | |



FY 17-18

| | J.C. | - |
|--------------------|-----------|-------|
| Department: | Elections | |
| Account: 101-51500 | | = |
| | | |

| | | Account. | | | | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------|--|--|--|
| Туре | of Amendment: (check one) | را | 1011 | | | |
| | Type of Amendment: (check one) Transfer (no overall change to adopted budget) | | | | | |
| De | crease (reducing adopted budget due to | unforeseen effect on "revenue" or "expense") | i | | | |
| | | nforeseen effect on "revenue" or "expense") | | | | |
| 100000 | Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") | | | | | |
| - | · Discourse in the contract of | aining the need or purpose MUST accompany amendn | ent form*** | | | |
| | | Description | Amount | | | |
| | Account Number | | | | | |
| то | 101-51500-50033 3 | Contracted Serivces | 43,155.00 | | | |
| | | Livenses (AE | | | | |
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| | | TOTAL | 43,155.00 | | | |
| | | | | | | |
| | Account Number | Description | Amount | | | |
| FDOM | | Other Contracted Services | 43,155.00 | | | |
| FROM | 101-515 99 -500399 | Other Contracted Services | 40,100.00 | | | |
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| | | TOTAL | 43,155.00 | | | |
| Explana | etion: Elections does not have "othe | er contracted services". Accounting and Purchasing ask | ed for Elections | | | |
| to pay | | y Consulting (Voter Central software yearly maintenance | × | | | |
| | | | | | | |
| rather | than 500399. We will not need line item 399 | moving forward. | | | | |
| | | | | | | |
| R | 24 2/ 2/12/1 | 5XXXI | 111-11 | | | |
| All | san Mugnes 1/12/1 | 1 / Col July 1 | 121 | | | |
| Signature of Official/Department Head/Date | | | | | | |