

Budget Amendment Request

FY 17-18

Department: Library

Account: 115

POSTED
17002613

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

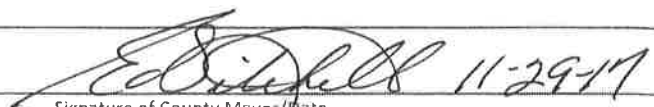
	Account Number	Description	Amount
TO	115-056900-500421-0	Food Preparation Supplies	250.00
TOTAL			250.00

	Account Number	Description	Amount
FROM	115-056500-500422-0	Food Preparation	250.00
	56900		
TOTAL			250.00

Explanation: move in line with COA

11/20/17


Signature of Official/Department Head/Date

 11-29-17
Signature of County Mayor/Date

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

Budget Amendment Request

FY 17-18

Department: Library

Account: 115-056500-0

POSTED
17002614

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	115-056500-500333-0	Licenses	5,000.00
TOTAL			5,000.00

	Account Number	Description	Amount
FROM	115-056500-500432-0	Library Books	5,000.00
TOTAL			5,000.00

Explanation: move in line with COA

11/17/17


Signature of Official/Department Head/Date

 11-23-17
Signature of County Mayor/Date

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

POSTED

17062724

Department: Education Capital Projects

Account: 177-91301

COPY

- | | | |
|-------------------------------------|-----------------|---|
| <input checked="" type="checkbox"/> | Transfer | (no overall change to adopted budget) |
| <input type="checkbox"/> | Decrease | (reducing adopted budget due to unforeseen effect on "revenue" or "expense") |
| <input type="checkbox"/> | Increase | (raising adopted budget due to unforeseen effect on "revenue" or "expense") |
| <input type="checkbox"/> | | (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
FROM			
	177-91301-710- 85051	Food Service Equipment	360.00
		TOTAL	360.00

Explanation:

Transfer to cover shortfall in tennis courts capital project.

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

12-7-17 BOE agenda

170740

POSTED

17002635

Budget Amendment Request

FY 17-18

Department: 101-63400

Account: Chancery Court

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-63400-500508-420	Premiums on Surety Bonds	50.00
TOTAL			50.00

	Account Number	Description	Amount
FROM	101-63400-500435-420	Office Supplies	50.00
TOTAL			50.00

Explanation: transfer monies to current account for payment

Stephen A. Ogle 11-21-17
 Signature of Official/Department Head/Date

 11-29-17
 Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
17002606

FY 17-18

Department: Highway
Account: 131 State Aid

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	131-464100-0	State Aid - Bridges	-132,000.00
			123,000
TOTAL			-132,000.00

AS
per
JBB
Headrick

	Account Number	Description	Amount
FROM	131-464200-0	State Aid - Roads	-132,000.00
			123,000
TOTAL			-132,000.00

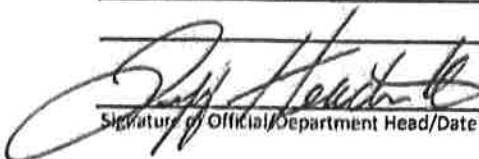
AS

AS

AS

Explanation: transfer eligible 50% of state aid road balance to state aid bridges

(A)

 11/1/17
Signature of Official/Department Head/Date

 11-17-17
Signature of County Mayor/Date

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

POSTED
17002605

Department: 101-55751

Type of Amendment: (check one)

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

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

	Account Number	Description	Amount
TO	101-055751-500706	Building construction	4,000.00
	101-055751-500720	Plant Op Equip	1,000.00
		TOTAL	5,000.00

	Account Number	Description	Amount
FROM	101-055751-500700 169	Part time personnel	5,000.00
TOTAL			5,000.00

Explanation: Asphalt leading to recycle center and back pack blower

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

POSTED
17002589

Department: 131-62000

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

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

**Blount County Government
Budget Amendment Request**

POSTED
17002590

FY 17-18

Department: 131-061000

Account: Hwy

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	131-061000-500333	Licenses	4,500.00
	-500334	Maint Agreement	2,000.00
	-500355	Travel	2,000.00
TOTAL			8,500.00

	Account Number	Description	Amount
FROM	131-61000-307	Communication	8500.-
TOTAL			8500.00

Explanation: 333-Move 20 employees from class B to A CDL licenses, 334- To account for several changes made to phone system, 355-Attend out of town meetings/Mr Headrick elected secretary of TCHOA

Signature of Official/Department Head/Date

11/16/17

Signature of County Mayor/Date

11-17-17

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

**Blount County Government
Budget Amendment Request**

POSTED
1700 2604

FY 17-18

Department: Risk Management
Account: 263

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")
☐ **Correction** (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*****

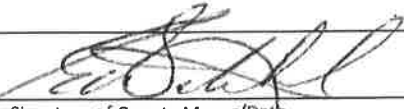
	Account Number	Description	Amount
TO	263-58900-500506	Liability Insurance	516.50
TOTAL			516.50

	Account Number	Description	Amount
FROM	263-58900-500599	other charges	516.50
TOTAL			516.50

Explanation: for Acuity invoice



 11/16/17
Signature of Official/Department Head/Date

 11-16-17
Signature of County Mayor/Date

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

POSTED
17002603
vice

Department: Food Service

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

Quincy
Hunt

Budget Amendment Request

POSTED

FY 17-18

Department: Data Processing

Account: 52600

17002602

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-52600-500307	Communication	33,000.00
TOTAL			33,000.00

	Account Number	Description	Amount
FROM	101-52600-500105	Supervisor/Director	33,000.00
TOTAL			33,000.00

Explanation: to place funds in needed lines

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

Blount County Government
Budget Amendment Request

POSTED

17002587

FY 17-18

Department: Sheriff

Account: 101-054110

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-054110-500399-0	Other charges	10,000.00
TOTAL			10,000.00

	Account Number	Description	Amount
FROM	101-054110-500425-0	Fuel	10,000.00
TOTAL			10,000.00

Explanation: To place money in account for landfill fees

James L. Benning
Signature of Official/Department Head/Date 11-14-17

[Signature] 11-15-17
Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
17002588

FY 16-17

Department: Circuit Court Judge
Account: 053110

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-053110-500421	Food Preparation Supplies	100.00
TOTAL			100.00

	Account Number	Description	Amount
FROM	101-053110-500499	Other Supplies and Materials	100.00
TOTAL			100.00

Explanation: To cover water filters for refrigerator in jury deliberation room and a larger carafe for jury pool room.

Sandra Walker 11/15/17
Signature of Official/Department Head/Date

[Signature] 11-15-17
Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
1700 2570

FY 16-17

Department: Soil Conservation District

Account: 101-57500

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO			
	500356	Tuition	150.00
	500356	Tuition	185.00
	500355	Travel	515.00
	500399	Other Contracted Services	1,300.00
	500399	Other Contracted Services	6,220.00
TOTAL			8,370.00

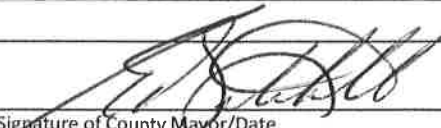
	Account Number	Description	Amount
FROM			
	500212	Employer Medicare Liability	150.00
	500201	Social Security	185.00
	500201	Social Security	515.00
	500204	State Retirement	1,300.00
	500163	Educational Assistant	6,220.00
TOTAL			8,370.00

Explanation:

See attached summary letter.


Signature of Official/Department Head/Date

11/9/17


Signature of County Mayor/Date

11-13-17

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

POSTED

1700 2571

Department: Health
Account: 101 55110

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

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

If an increase or decrease, a memo explaining the reason is required			
	Account Number	Description	Amount
TO	101-85110-500 835	Main. & Repair Bldg	\$ 1000.00
TOTAL			\$ 1000.00

	Account Number	Description	Amount
FROM	101-55110-500 307	Communication	\$1000.00
TOTAL			\$1000.00

Project for Back up Generator Wiring

11/13/17

Signature of County Mayor/Date

11-13-17

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

Greene County Government
Budget Amendment Request

POSTED

FY 17-18

Department: Rabies / Animal Control / BCAC
Account: 101-55120

17002569

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

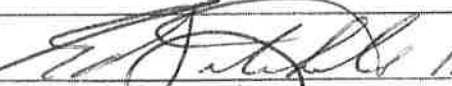
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-55120-500336	Maintenance and repair service equip	250.00
TOTAL			250.00

	Account Number	Description	Amount
FROM	101-55120-500335	Maintenance and repair service buildings	250.00
TOTAL			250.00

Explanation: Transfer monies to pay for washing machine repair.

 11/8/2017
Signature of Official/Department Head/Date

 11-13-17
Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
17002567

FY 16-17

Department: Circuit Court Clerk

Account: 053120

Type of Amendment: (check one)

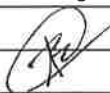
- ☒ **Transfer** (no overall change to adopted budget)
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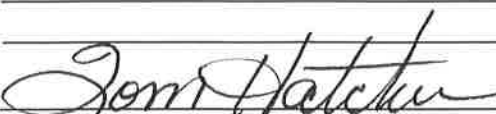
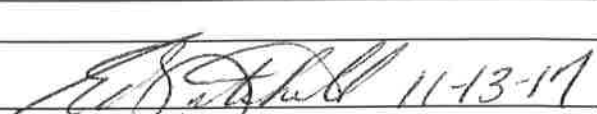
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-053120-500162	Clerical Personnel	1,336.00
TOTAL			1,336.00

	Account Number	Description	Amount
FROM	101-053120-500169	Part Time Personnel	1,336.00
TOTAL			1,336.00

Explanation: To cover increase of salary line for Accounting Clerk III from part time line.



 11/7/17  11-13-17

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

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

POSTED
17002568

Department: Property Assessor

Type of Amendment: (check one)

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

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

If an increase or decrease, a memo explaining the need or purpose must accompany.			
	Account Number	Description	Amount
TO	101-052300-500355	Travel	2,425.00
TOTAL			2,425.00

	Account Number	Description	Amount
FROM	101-052300-500338	Maintenance & Repair- Vehicles	2,425.00
TOTAL			2,425.00

Explanation: Transferring to cover hotel and per diem for 6 appraisers taking class in Mt Juliet

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

POSTED

17002521

Department: Library

Account: 115-056500

☒ **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
FROM	115-056500-500333-0	Licenses	975.00
TOTAL			975.00

Explanation: move in line with COA

11/7/17


Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
17002457

FY 17-18

Department: Hwy
Account: 61000

Type of Amendment: (check one)


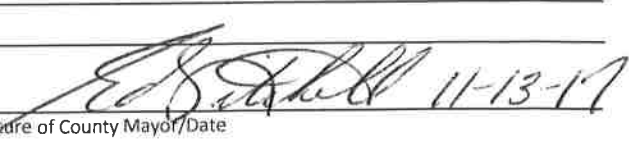
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	131-061000-500333	License	2,000.00
TOTAL			2,000.00

	Account Number	Description	Amount
FROM	131-061000-500307	Communications	2,000.00
TOTAL			2,000.00

Explanation: _____

 11/7/17
  11-13-17

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

Budget Amendment Request

FY 17-18

Department: 52100

Account: Accounting & Budgeting

POSTED
17002522

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-52100-500422	Food Supplies	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-52100-500599	Other Charges	500.00
TOTAL			500.00

Explanation: transfer to correct account for FMIS meetings


Signature of Official/Department Head/Date

11/7/17


Signature of County Mayor/Date

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

POSTED

Account: 101-051310

Type of Amendment: (check one)

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

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

	Account Number	Description	Amount
TO	101-051310-500422	Food Supplies	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	101-051310-500331	Legal Services	200.00
TOTAL			200.00

Explanation: to purchase food for HR and Insurance Committee Members for Special Called Meeting

Jenny L Morgan 11/8/17
Signature of Official/Department Head/Date

Signature of County Mayor/Date: 11-13-18

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

Blount County Government
Budget Amendment Request

POSTED
17002560

FY 17-18

Department: Sheriff
Account: 101-054110

Type of Amendment: (check one)

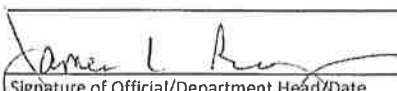
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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


	Account Number	Description	Amount
TO	101-054110-500349-0	Printing	12,000.00
TOTAL			12,000.00

	Account Number	Description	Amount
FROM	101-054110-500425-0	Fuel	12,000.00
TOTAL			12,000.00

Explanation: To place funds in account for printing


Signature of Official/Department Head/Date

11-8-17


Signature of County Mayor/Date

11-13-17

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

POSTED
7002539

Department: GPSF

Account: 141-72250

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

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

	Account Number	Description	Amount
FROM			
	141-72250-399	Other Contracted Services	139,628.28
		TOTAL	139,628.28

Transfer to correct object code.

Signature of County Mayor/Date 11-7-17

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by no

Informed him he was \$1600 short. He said he would reduce a PO to fix.

POSTED
17002538

Department: Food Service
Account: 143-73100

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

	Account Number	Description	Amount
TO			
	143-73100-469	USDA Commodities	400,000.00
		TOTAL	400,000.00

	Account Number	Description	Amount
FROM			
	143-73100-450	Tires & Tubes	400,000.00
TOTAL			400,000.00

Transfer funds to correct object code. AS400 system has incorrect account name on 143-73100-450.

Signature of County Mayor/Date

Approved By The
Board of Education
11-2-17

POSTED

7002398

Department: Library

Account: 115-056500

☒ **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
FROM	115-056500-500432-0	Library Books	40,000.00
TOTAL			40,000.00

Explanation: move in line with COA

11/2/17

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

Budget Amendment Request

FY 17-18

Department: Other Boards & Committees

Account: 051240

POSTED

17002399

Type of Amendment: (check one)


- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

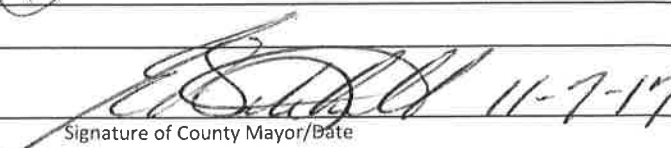
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-051240-500332	Legal Notices / Public Notice	567.72
TOTAL			567.72

	Account Number	Description	Amount
FROM	101-051240-500599	Other Charges	567.72
TOTAL			567.72

Explanation: Payment of 2 ads for Nov 13 Recovery Forum;

Signature of Official/Department Head/Date:  11/2/17

Signature of County Mayor/Date:  11-7-17

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

POSTED
17002456

Department: GPSF

Type of Amendment: (check one)

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

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

	Account Number	Description	Amount
TO			
	141-72620-712	Heating & Air Condition	17,017.00
		TOTAL	17,017.00

	Account Number	Description	Amount
FROM			
	141-72620-204	State Retirement	9,465.00
	141-72620-207	Medical Insurance	6,540.00
	141-72620-599	Other Charges	1,012.00
		TOTAL	17,017.00

Explanation:

Transfer available funds for capital needs in HVAC.

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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

Approved By The
Board of Education
11-2-17

POSTED
17002455

Department: GPSF

11-2-17

**Blount County Government
Budget Amendment Request**

POSTED
17002370

FY 17-18

Department: COUNTY CLERK

Account: 101-052500

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-052500-500599-0	OTHER CHARGES	150.00
TOTAL			150.00

	Account Number	Description	Amount
FROM	101-052500-500425-0	GASOLINE	150.00
TOTAL			150.00

Explanation: To obtain notaries for two employee's



Gaye Hast 10-31-17
Signature of Official/Department Head/Date

[Signature] 11-1-17
Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
1700 2369

FY 16-17

Department: Circuit Court Clerk

Account: 053120

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-053120-500421	Food Preparation Supplies	100.00
TOTAL			100.00

	Account Number	Description	Amount
FROM	101-053120-500499	Other Supplies and Materials	100.00
TOTAL			100.00

Explanation: Crock pot, knives, can opener, etc for office breakroom

Janina Walker 10/31/17
Signature of Official/Department Head/Date

[Signature] 11-1-17
Signature of County Mayor/Date

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

**Blount County Government
Budget Amendment Request**

POSTED
17002368

FY 16-17

Department: Circuit Court Judge

Account: 053110

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	101-053110-500411	Data Processing Supplies	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-053110-500499	Other Supplies & Materials	500.00
TOTAL			500.00

Explanation: Transfer to set up data processing line for computer head sets, brackets, etc.

 10/27/17

 11-1-17

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

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

Budget Amendment Request

POSTED
17002367

FY 17-18

Department: Rabies / Animal Control / BCAC
Account: 101-55120

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")

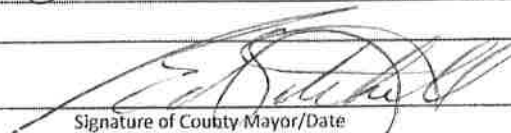
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	10-55120-500354-05512	Transportation	4,636.00
TOTAL			4,636.00

	Account Number	Description	Amount
FROM	101-55120-500355-05512	Travel	4,636.00
TOTAL			4,636.00

Explanation: Transfer monies collected for transport back to the transportation line item.

 10/27/17
Signature of Official/Department Head/Date

 11-1-17
Signature of County Mayor/Date

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

1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812

Department: Recycling

POSTED

1700236

Type of Amendment: (check one)

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

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

	Account Number	Description	Amount
TO	101-055751-500706	Building Construction	700.00
TOTAL			700.00

	Account Number	Description	Amount
FROM	101-055751-500720	Equipment	700.00
TOTAL			700.00

Explanation: concrete needed for recycling center

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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