Budget Amendment Request

FY 17-18

Department: Property Assessor

7003591

Account: 101-052310

*		ining the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то	101-052310-500435	Office Supplies	500.00
		TOTAL	500.00
T		:	
	Account Number	Description	Amount
FROM	101-052310-500338	Maintenance & Repair- Vehicles	500.00
\rightarrow			
\rightarrow			
			1
		TOTAL _	500.00
Explanati	on: Transfer to cover misc office su	pplies	
	/x@	2/	

^{*}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: County T	rustee 700 S
		Account: 52400	
Type	of Amendment: (check one)		
	ansfer (no overall change to adopted but	dget)	
-		unforeseen effect on "revenue" or "expense")	
Children Co.		iforeseen effect on "revenue" or "expense")	
10000	223200300000000000000000000000000000000	e to "grant award" or "budgetary adjustment")	
			ant form ***
		nining the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
TO	101-052400-500356-0	Tuition	115.00
	,		
		TOTAL	115.00
			110.00
	Account Number	Description	Amount
FROM	101-052400-500332-0	Legal Notices	115.00
- KOW	101-032400-300332-0	Legal Notices	110.00
		TOTAL	115.00
Explanat	ion:		
Transfe	r to cover shortage in tuition for employee trai	ining.	
		- U	
_/	7		
) ())	5 1	-30-18
	1/29/18		-20-18
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.

BIOUNT COUNTY GOVERNMENT Budget Amendment Request

FY 17-18

Department: HWY

POSTED 17003463

		Account: 131						
Type	e of Amendment: (check one)							
	ansfer (no overall change to adopted but	dget)						
		unforeseen effect on "revenue" or "expense")						
	CONTRACTOR	iforeseen effect on "revenue" or "expense")						
ALL DESCRIPTION OF THE PERSON	Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment")							
177								
		nining the need or purpose MUST accompany amendme						
	Account Number	Description	Amount					
TO	131-062000-500444	SALT	40,000.00					
			- market interest in the					
			···					
		TOTAL	40,000.00					
		TOTAL	40,000.00					
	A crount Ni web an	Description	Amount					
	Account Number	Description						
FROM	131-062000-500404	ASPHALT	40,000.00					
-								
			``					
-								
- 4								
		TOTAL	40,000.00					
Explanation	on: SNOW REMOVAL							
	ONOW ICEMOVAL	(An)						
		Act						
1								
	111 44 2121	h 820011	7 8 94					
	Josh Meader	h To Sittle 1-2	5-18					
ignature		Signature of County Mayor/Date						



		FY 17-18	Department: Circuit Co	urt Clerk
-1-			Account: 053120	
	e of Amendment: (check one) ansfer (no overall change to adopted but	Jacob)		
1000	ansfer (no overall change to adopted but ecrease (reducing adopted budget due to		"rovenue" or "evnense")	
	crease (reducing adopted budget due to un			
	ljustment (correction to adopted budget du			
				f***
	***IF an Increase or Decrease, a memo explo			
	Account Number		Description	Amount
то	101-053120-500162	Cle	rical Personnel	3,204.20
	-			
_			TOTAL	2 204 20
			TOTAL	3,204.20
	Account Number		Description	Amount
FROM	101-053120-500169	Part '	Time Personnel	3,204.20
				-
			TOTAL	0.004.00
			TOTAL	3,204.20
Explana	tion: Transfer funds to pay out vaca	tion/comp to employed	e who has turned in their notice.	
		(x).		
	(7		
	0 /1/	No 1		
5	2) 7/1/		DONN,	
	Variable 1	-50	X X X X	05 10

POSTED VS 17003461

FY 17-18

Department: VETERANS

Account: 058300

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	
356	TUITION	200.00	
332	LEGAL NOTICE-REC-COURT	50.00	
355	TRAVEL	75.00	
-			
	TOTAL	325.00	
	356 332	356 TUITION 332 LEGAL NOTICE-REC-COURT	

Explanation:		
Tall	Ml 1-24-18	28 July 1-25-18
Signature of Official/	Department Head/Date	Signature of County Mayor/Date



		FY 17-18	Department: Library	(70034
7			Account: 115	
	e of Amendment: (check one) ansfer (no overall change to adopted but	F		
The second second	insfer (no overall change to adopted but crease (reducing adopted budget due to	1980 2004	roughla" or "ovnonce")	
Promoting to the last	rease (raising adopted budget due to un			
1117	Justment (correction to adopted budget du			
	ALCOUNT PROCESSES	540		ent form ###
	***IF an Increase or Decrease, a memo expla Account Number		Description	Amount
TO	115-051800-500166	Custo	odial Personnel	45,779.00
			TOTAL	45.770.00
			TOTAL	45,779.00
	Account Number	D	escription	Amount
ROM	115-051800-500167	Mainter	nance Personnel	34,947.00
	115-051800-500169	Part T	ime Personnel	10,832.00
\dashv				
\dashv				
-				
			TOTAL	45,779.00
xplanati	on: payroll adj. move in line with Co	DA		
		(10)		
/24/18				
27/10				

*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

Signature of County Mayor/Date



		FY 17-18	Department: Maintena	ance
			Account:	(
✓ Tr	crease (raising adopted budget due to un (correction to adopted budget due to un (correction to adopted budget due)	unforeseen effect on foreseen effect on "re e to "grant award" or	evenue" or "expense") "budgetary adjustment")	ent form***
	Account Number		Description Description	Amount
то	101-051800-500336		pair services -equipment	5,000.00
	10 / 00 / 00 / 00	,		
			TOTAL	5,000.00
	Account Number		Description	Amount
FROM	101-051800-500334	Mainter	nance Agreements	5,000.00
			тоты	5 000 00
Explana	tion:		TOTAL	5,000.00
to cove	er future expenses	(X)		
-	103	100 5	38 XXX 1	20-10

*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

EV 17_10

		Property Department: Property	Assessor
5225	28 A 100 3 9/30 0 0	Account: 101-052300	
	e of Amendment: (check one)		
	ransfer (no overall change to adopted bu		
	ecrease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	9
1	crease (raising adopted budget due to ur	nforeseen effect on "revenue" or "expense")	8
A	djustment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")	
		nining the need or purpose MUST accompany amendm	ent form***
	Account Number	Description Description	Amount
то			
10	101-052300-500499	Other Supplies & Materials	603.00
	*		
		TOTAL	603.00
	Account Number	Description	Amount
FROM	101-052300-500338	Maintenance & Repair - Vehicles	603.00
		The state of the pair verification	000.00
-			
		- R	
		mom i i	
		TOTAL	603.00
Explanat	Transferring to cover cost of Ma	arshall & Swift Valuation Service Book	
		(A)	
		(1)	
1	1 10 1		
4	thanh Italis	JAN XIM 1.	- 10
Signature	of Official/Department Head/Date	Signature of County Mayor/Date	10
Y		E MOROMANIAN SECONO	
* All room	rete regulated Committee annual and the committee of	al Analyst's Office by noon on the Tuesday before the Budget Commi	de la receiva de la la receiva de la compansión de la com

Budget Amendment Request

FY 17-18

Department: Sheriff

(700 3407

Account: 101-054210 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 101-054210-500413-0 Drugs and Medical Supplies 2,000.00 TOTAL 2,000.00

	Account Number	Description	Amount
FROM	101-054210-500335-0	Maint & Repair Services - Buildings	2,000.00
		TOTAL	2,000.00

To put funds in account needed to order court-ordered drug tests

Signature of Official/Department Head/Date

1-19-18

Signature of County Mayor/Date

Budget Amendment Request

FY 17-18

Department: <u>101-51240</u> Account: other boards/transition project

Туре	of Amendment: (check one)		
✓ Tra	ansfer (no overall change to adopted but		
De		unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense")	
Ad	Justment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")	
a	***IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendme	ent form***
	Account Number	Description	Amount
то	101-51240-500435	Office Supplies	300.00
	101-51240-500355	Travel	1,000.00
		TOTAL	1,300.00
	Account Number	Description	Amount
FROM	100-51240-500168	Temporary Personnel	1,300.00
	30.00		
	· · · · · · · · · · · · · · · · · · ·	10 A T y 10 A T A T A T A T A T A T A T A T A T A	
		TOTAL	1,300.00
Explanat	ion:		·
	-		
	1		
	11/1/2		
_/	MI Guard III	18 ED JUNE 1-	-13-18
	· · · · · · · · · · · · · · · · · · ·		
Signature	e of Official Department Head/Date	Signature of County Mayor/Date	

FY 17-18

Department: Property Assessor 7003301

		Account: 101-052300				
Type	e of Amendment: (check one)					
	ansfer (no overall change to adopted budg	get)				
-0.1	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")					
	_	oreseen effect on "revenue" or "expense")				
At	ijustment (correction to adopted budget due	to "grant award" or "budgetary adjustment")				
	IF an Increase or Decrease, a memo explai	ning the need or purpose MUST accompany amendme	ent form			
	Account Number	Description	Amount			
то	101-052300-500499	Other supplies & materials	600.00			
		TOTAL	600.00			
	Account Number	Description	Amount			
FROM	101-052300-500356	Tuition	600.00			
		TOTAL	000.00			
		TOTAL	600.00			
Explana	tion: Transfer funds in order to pay M	arshall & Swift bill				
		(w),				
		(9)				
			S 0.00 0.00			
	2 Held 1-12-18	TI()MX	1-13-18			
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date				

Department: Soil Conservation District 7003307
Account: 101-57500

FY 16-17

Type	e of Amendment: (check one)						
√ Tr	ansfer (no overall change to adopted bud	lget)					
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")						
ALC: UNKNOWN		foreseen effect on "revenue" or "expense")					
Ac	fjustment (correction to adopted budget due	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							
	500425	Fuel	250.00				
	500338	Maint. & Repair Services - Vehicles.	420.00				
		TOTAL	670.00				
			0,0.00				
	Account Number	Description	Amount				
FROM		Description	Autount				
TROW							
	500333	Licenses	250.00				
	500333	Licenses	420.00				
		TOTAL	670.00				
F I		TOTAL	670.00				
Explana	tion:	(Ad)					
See at	tached letter						
0	110 - 1/1/1	88000					
Cin	Menn 1/11/18	/// XXX	1-13-18				
Signatur	of Official/Department Head/Date	Signature of County Mayor/Date					

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



FY 17-18

Department: PROBATION
Account: 101-53910

		Account: 101-53910					
Tvp	e of Amendment: (check one)						
	ansfer (no overall change to adopted b	udget)					
2000	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")						
The second							
100000	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 exp	laining the need or purpose MUST accompany amendn	nent form				
	Account Number	Description	Amount				
то	101-53910-500435	OFFICE SUPPLIES	1,500.00				
10	101-55910-500455	OFFICE SUFFLIES	1,500.00				
	 						
		TOTAL	1,500.00				
		TOTAL	1,500.00				
		2	A				
	Account Number	Description	Amount				
FROM	101-53910-500399	OTHER CONTRACTED SERVICES	1,500.00				
		ļ					
$\neg \neg$							
		TOTAL T	4 500 00				
		TOTAL	1,500.00				
Explanat	tion: I NEED TO TRANSFER FUN	DS TO REPLACE 3 IPADS AND PURCHASE FILING CA	ABINETS				
FOR D	RIVING SCHOOL RECORDS.						
	(An)						
	120						
	7 . 1 # . 1	I Alla	10				
	lan Soft 14/18	Signature of County/Mayor/Date	0-18				



				1003
		FY 17-18	Department: Library	
			Account: 115	
Type	e of Amendment: (check one)			
	ansfer (no overall change to adopted	budget)		
	crease (reducing adopted budget due	- ,	evenue" or "expense")	
The second second	rease (raising adopted budget due to			
	(correction to adopted budget			
	***IF an Increase or Decrease, a memo ex			ant form ###
	Account Number	De	escription	Amount
TO	115-051800-500334-0	Maintena	nce Agreements	704.00
			TOTAL	704.00
			TOTAL	704.00
	Account Number			
			scription	Amount
ROM	115-051800-500499-0	Other Supp	plies & Materials	704.00
\rightarrow				
-				
_				
		1		
			TOTAL	704.00
. in Description			TOTAL	70,,00
planatic	move in line w/COA	(x10)		
77		(1)		
	1-10-18		7	

*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

1700325

FY 17-18

Department: Hwy

		Account: 131	
Type of A	mendment: (check one)		
✓ Transfer	(no overall change to adopted budget	:)	
Decrease	e (reducing adopted budget due to unfo	oreseen effect on "revenue" or "expense")	
Increase		eseen effect on "revenue" or "expense")	
Adjustm	ent (correction to adopted budget due to	"grant award" or "budgetary adjustment")	
IF a	n Increase or Decrease, a memo explainin	ng the need or purpose MUST accompany amendme	nt form
	Account Number	Description	Amount
то	131-062000-500399	Other Contracted Services	5,000.00
	131-061000-500719	Office Equipment	100.00
	131-001000-300719	Office Equipment	700.00
		TOTAL	5,100.00
	Account Number	Description	Amount
FROM	131-062000-500405	Liquid Asphalt	5,000.00
	131-061000-500707	Building Improvments	100.00
		1	
		TOTAL	E 100.00
		TOTAL	5,100.00
xplanation:	Bens View Dr Repair		
	Drafting Table	(XV)	
\cap	/	CA	
77	,/ _		
1 100	H/KII	S AN	0 10
	1/10/18	le Villal 1.	9-18
ignative pottici	M/DebyfitmenCHead/Date	Signature of County Mayor/Date	
of loculty room	ring committee sonroyal are due to Cr. Einamial An	alyst's Office by noon on the Tuesday before the Budget Commit	tee Meeting
hii seriotara sedu	and committee approvarage due to 31, rinantial An	arian a curre by from our rise i desiral nerote rise profet commit	ice meening.

POSTED \7003209

		FY 17-18	Department: Accounting	_{1g} (700
✓ Transfer ☐ Decrease ☐ Increase ☐ Adjustm	(reducing adopted budget due to	unforeseen effect on " nforeseen effect on "re e to "grant award" or	venue" or "expense") "budgetary adjustment")	***
ir a	Account Number		Description	Amount
7e	101-52100-500356		Tuition	200.0
			TOTAL	200.00
	Account Number	į į	Description	Amount
* Blogh	101-52100-500709	Data Pro	cessing equipment	200.00
(0)	=			
Explanation:	Price quote increased	(An)	TOTAL	200.00
			2 200	

Signature of Smelling Separation in the day of the



		FY 17-18	Department: Risk Mana	agement
5			Account:	
	Amendment: (check one)			
✓ Transfe				
Decrea				
Increas				
Adjust	(correction to adopted budget due t	ວ "grant award" or	r "budgetary adjustment")	
IF	an Increase or Decrease, a memo explain	ng the need or pu	rpose MUST accompany amendme	nt form
	Account Number		Description	Amount
то	263-58900-500506	lia	bility insurance	3,389.00
10	263-36900-300306	IIa	bility insurance	- 0,000.00
	-			
			TOTAL	3,389.00
	Account Number		Description	Amount
FROM	263-58900-5 0050 6 500599		other charges	3,389.00
			TOTAL	3,389.00
Contract a di	to account the later control of		101112	
Explanation:	to cover animal shelter vehicle in:	urance		
	1.62)		
	/cx C			
	11		2000	
	1/3/18		1) defect 1	-8-18
Signature of O	fficial/Department Head/Date	Signature of	County Mayor/Date	



Department: Risk Management FY 17-18 Account: 263-58900 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") (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** 460.50 TO 263-58900-500331-0 legal **TOTAL** 460.50 **Account Number** Description Amount FROM 460.50 263-58900-500325 fiscal agent **TOTAL** 460.50 Explanation: to cover legal bill from Craig Garrett

*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

Signature of County Mayor/Date

W



FY 17-18

Department: HR
Account: 101-051310-

Type	of Amendment: (check one)				
✓Tra	nsfer (no overall change to adopted budge	et)			
Dec	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
-		reseen effect on "revenue" or "expense")			
Adj	ustment (correction to adopted budget due to	o "grant award" or "budgetary adjustment")			
ak:	**IF an Increase or Decrease, a memo explaini	ing the need or purpose MUST accompany amendme	ent form***		
	Account Number	Description	Amount		
то	101-051310-500320	Dues & Memberships	200.00		
-					
		TOTAL	200.00		
		TOTAL	200.00		
	Account Number	Description	Amount		
FROM	101-051310-500356	Tuition	200.00		
$\neg \uparrow$					
_					
		8			
		TOTAL	200.00		
		_	200.00		
Explanatio	To become a member of State &	Local Government Benefits Association			
	(')>				
		7-			
	1. V 12/20/17	1801NII 1	0 100		
000	16 Kug 10/29/1	1200 diful	3-18		
Signature	of Official/Department Head/Date /	Signature of County Mayor/Date			
*All reque	sts requiring committee approval are due to Sr. Financial	Analyst's Office by noon on the Tuesday before the Budget Comm	Ittee Meeting.		