Department: ELECTIONS FY 17-18 Account: 101-51500 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*** Description Amount Account Number DATA PROCESSING SUPPLIES 800.00 то 101-51500-500411 **TOTAL** 800.00 Amount Description Account Number 800.00 FROM 101-51500-500709 DATA PROCESSING EQUIPMENT **TOTAL** 800.00 TO PURCHASE 2 DOCUMENT SCANNERS FOR ADMINISTRATOR AND 4TH WORK STATION Explanation: UP FRONT.

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: Library Account: 115	((00
(reducing adopted budget due to un (raising adopted budget due to unfo ent (correction to adopted budget due t	foreseen effect on " reseen effect on "re to "grant award" or '	evenue" or "expense") "budgetary adjustment")	ent form***
Account Number			Amount
115-056500-500333-0		Licenses	6,730.00
		TOTAL	6,730.00
Account Number		Pescription	Amount
			2,195,00
		Software	2,513.00
115-056500-500432-0	Lit	brary Books	2,022.00
	(no overall change to adopted budge (reducing adopted budget due to un (raising adopted budget due to unfo (correction to adopted budget due to Increase or Decrease, a memo explain Account Number 115-056500-500333-0 Account Number , 115-056500-500317-0 115-056500-500471-0	(no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "reducing adopted budget due to unforeseen effect on "reducing adopted budget due to unforeseen effect on "reducing adopted budget due to "grant award" or Increase or Decrease, a memo explaining the need or pure Account Number 115-056500-500333-0 Account Number , Increase of Decrease and the need or pure 115-056500-500333-0 Account Number , Increase of Decrease and the need or pure 115-056500-500317-0 Data Pre 115-056500-500471-0	Account: 115 mendment: (check one)

*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

POSTED 17003893

EV 17-18

IF an Increase o		grant award" or "budgetary adjustment") the need or purpose MUST accompany amendm Description	ent form Amount
TO 101-5	Account Number 55120-500451	uniforms	500.0
.0 101-5	0120 000 70 1		
		are to the second secon	
		TOTAL	0.0 ट
	Account Number	Description	Amount
ом 101-5	5120-500435	office supplies	500.0

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

POSTED 17003892

		FY 17-18 Department: Rabies/A Account: 101-55120	nimal Control/BCAC
✓ Tr □ De □ In □ Ac	crease (raising adopted budget due to un ljustment (correction to adopted budget du		ent form***
	Account Number	Description	Amount
то	101-55120-500413	Medical Expenses	2,000.00
		TOTAL	40c0.00
	Account Number	Description	Amount
FROM	101-55120-500790	Other Equipment	2,000.00
Explanat	Transfer money to cover increa	TOTAL ased expenses due to vetting policy changes.	2000.00
			0 01 10

17003838

		FY 17-18	Department: Emergend	cy Mgmt.
			Account: 54410	
✓Tra □De □Inc □Ad	e of Amendment: (check one) ansfer (no overall change to adopted budget due to crease (reducing adopted budget due to un justment (correction to adopted budget due to un first an increase or Decrease, a memo explain.	unforeseen effect on foreseen effect on "re e to "grant award" or	evenue" or "expense") "budgetary adjustment")	nt form***
	Account Number	ming the need or par	Description	Amount
то	101-54410-500317	Data P	rocessing Services	12,000.00
			TOTAL	12,000.00
	Account Number		Description	Amount
FROM	101-54410-500207		Health Insur.	5,000.00
	101-54410-500499	Other	Supplies & Mtls	7,000.00
Explanat	cion: Ready Ops		TOTAL	12,000.00
-/	2 22			*

POSTED 7003837

		FY 17-18	Department: Emergen	cy Mgmt.
			Account: <u>54410</u>	
	e of Amendment: (check one)	J		
10000	ansfer (no overall change to adopted bud ecrease (reducing adopted budget due to		"revenue" or "eynense")	
-		foreseen effect on "r	evenue" or "expense")	
	crease (raising adopted budget due to un ljustment (correction to adopted budget du	o to "grant award" or	"hudgetary adjustment")	
				ent form***
	***IF an Increase or Decrease, a memo expla			Amount
	Account Number		Description	
то	101-54410-500307	С	ommunication	1,000.00
	in the second se			
	L		TOTAL	1,000.00
			101112	
	Account Number		Description	Amount
FROM	101-54410-500207		Health Insur.	1,000.00
1110111	101 04410 000207			
	1100000			
_				
-				
			TOTAL	1,000.00
Explanat	to cover Verizon bill to year en	d		
	(9)	(2)		
/	· oh		1	
-//	/////		18 × 1 111	======================================
H.			10 +X 11/ 1.	-20-18

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

& spoke of Lance

17003886

FY 17-18

Department:	Recycle
Account: 101 55751	

		Account: 101-55751	
	e of Amendment: (check one)		
✓ Tr	ansfer (no overall change to adopted bu	dget)	
		unforeseen effect on "revenue" or "expense")	
-		nforeseen effect on "revenue" or "expense")	
A			
	ijustinem (correction to adopted budget di	ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendme	ent form ***
	Account Number	Description	Amount
TO			
то	101-055751-500720	Plant Operation Equip	2,600.00
		2	
		TOTAL	2,600.00
		L	
	Account Number	Description	Amount
FROM	101-055751-500500334	Maint Agreement	2,600.00
7			
			
		TOTAL	2,600.00
Explanat	on: To install camera system at rec	evole center	
	To motal camera byotom at rec	Syste demons	
\cap	0 0	1:500	
7/100	and the Parties	10-111	446
D IN	WXXIIIWWWW	1/15 XII 2	-20-18
Signature	of Official/Department Head/Date	Signature of County Mayor/Date	2010
- G - min min	1 1	alguature or county mayor/bate	



FY 17-18

Department: Drug Task Force Account: 054150

	e of Amendment: (check one)		
-	(no overall change to adopted budg		
		nforeseen effect on "revenue" or "expense")	
		preseen effect on "revenue" or "expense")	
	Justment (correction to adopted budget due		
	***IF an Increase or Decrease, a memo explain	ning the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
TO	363-054150-500716-0	Law Enforcement Equipment	5,000.00
	<u> </u>		
		TOTAL	5,000.00
		TOTAL	3,000.00
	Account Number	Description	Amount
			5,000.00
FROM	363-054150-500506-0	Liability Insurance	3,000.00
	•		
		TOTAL	5,000.00
Explana	tion: To purchase lights and siren and	installation for Undercover Vehicle	
=		2111	67 2004
1)	100 Dath 2/14/18	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	2-15-18
Signatur	Jacan Ciri	Signature of County Meyor/Date	



	Bud	lget Amendment Request		17003
			oartment: Risk Mana	
		Account	:	
	e of Amendment: (check one) ansfer (no overall change to adopted but	dget)		
- Deliver		unforeseen effect on "revenue" or '	'expense")	
ln		foreseen effect on "revenue" or "ex		
	(correction to adopted budget du	e to "grant award" or "budgetary a	djustment")	
	IF an Increase or Decrease, a memo explo	aining the need or purpose MUST a	ccompany amendmei	nt form
	Account Number	Description		Amount
то	263-58900-500506	liability insurance		516.50
		ľ		
			TOTAL	516.50
	Account Number	Description		Amount
FROM	263-58900-500599	other charges		516.50
_				
			TOTAL	516.50
Explana	tion: to pay Acuity invoice		-	
			per	
			/	

*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: Hwy	
Account: 131-063100 Operation & Maint	

T T	Account Number	ining the need or purpose MUST accompany amendment Description	Amount
то	131-063100-500418	Equip & Parts	
	131-063100-500442	Propane Propane	5,000 2,000.00
		TOTAL	7,000.00
	Account Number	Description	Amount
ROM	131-063100-500338	Maint & Repair Serivce	2,000.00
	131-063100~500440	Pipe-metal	1,000.00
	131-063100-500450	Tires	3,579.37
	131-063100-500717	Maint Equip	420.63

POSTED 17003813

FY 17-18

Department: Hwy
Account: 131-062000 Highway & Bridge

	Account Number	ng the need or purpose MUST accompany amendmen Description	Amount
то	131-062000-500399	Other Contracted Services	10,000.00
	131-062000-500714	Highway Equipment	1,300.00
		TOTAL	11,300.00
	Account Number	Description	Amount
ROM	131-062000-500404	Asphalt	11,300.00



			1,600,281
		FY 17-18 Department: Hwy	
	# S	Account: 131-061000 Admin	
	crease (raising adopted budget due to u	udget) o unforeseen effect on "revenue" or "expense") inforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo exp	laining the need or purpose MUST accompany amend	ment form
	Account Number	Description	Amount
то	131-061000-500471	Software	100.00
	131-061000-500307	Communication	2,000.00
		TOTAL	2,100.00
	Account Number	Description	Amount
FROM	131-61000-500719	Office Equipment	42.89
	131-061000-500707	Building Improvements	112.55
	131-061000-500333	License	1,944.56
		TOTAL	2,100.00
Explanat		or Jeff Hatcher, Communications 6-Icom VHF radios for	truck crews out of
		- A - a	

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

Signature of County Mayor/Date

POSTED

FY 17-18 Department: Drug Task Force 700372.
Account: 054150

	e of Amendment: (check one) ansfer (no overall change to adopted budge	*1	
	(no overall change to adopted budge crease (reducing adopted budget due to unf	oreseen effect on "revenue" or "expense")	
Annual Property	crease (raising adopted budget due to unfor	reseen effect on "revenue" or "expense")	
0.0	ljustment (correction to adopted budget due to	o "grant award" or "budgetary adjustment")	
	***** an Increase or Decrease a mame evoluini	ng the need or purpose MUST accompany amendme	ent form***
	Account Number	Description	Amount
		Postal Charges	200.00
TO	363-054150-500348-0	Postal Charges	
		TOTAL	200.00
	Account Number	Description	Amount
FROM	363-054150-500336-0	Maint & Repair Serv - Equip	200.00
		TOTAL	200.00
Explana	tion: To move money into needed acco	ount	
Exhiana	To move money mus nocaca ass.	Suite	
		11/	
1/	Scale 2/a/18	91066	1-12-18
Signatur	re of Official/Department Head/Date	Signature of County Mayor/Date	
D. D.	(Table 1) (1) (1) (1) (1) (1) (1) (1) (1) (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

(700 3703

FY 17-18

Department: Sheriff (700)
Account: 101-054210

Type	e of Amendment: (check one)				
✓ Tra	Transfer (no overall change to adopted budget)				
De	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
1000	Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")				
Ad	ljustment (correction to adopted budget o	due to "grant award" or "budgetary adjustment")			
4	***IF an Increase or Decrease, a memo exp	plaining the need or purpose MUST accompany amendme	ent form ***		
	Account Number	Description	Amount		
то	101-054210-500410-0	Custodial Supplies	30,200.00		
10	101-034210-300410-0	Custodiai Supplies	30,200.00		
		-			
-					
		L momat			
		TOTAL	30,200.00		
					
	Account Number	Description	Amount		
FROM	101-054210-500716-0	Law Enforcement Equipment	22,600.00		
	101-054210-500356-0	Tuition	7,600.00		
	- H				
-+					
	Security was a second security of the second				
		TOTAL	30,200.00		
Explanati	on:	place funds in needed acot.			
		THREE THREE THE PROPERTY OF TH			
		(16)			
		180			
1 -	10.				
.:ance	obberrong by Homes		2-8-18		
ignature	of Official/Department/Head/Date 2-4-18	_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: Sheriff

PUSTED 1700 3702

		Account: 101-054110	The state of the s
	e of Amendment: (check one)		
	ansfer (no overall change to adopted bud		
		nforeseen effect on "revenue" or "expense")	
	crease (raising adopted budget due to unfilipstment (correction to adopted budget due	oreseen effect on "revenue" or "expense")	
			and the second second second
		ning the need or purpose MUST accompany amendmen	
	Account Number	Description	Amount
TO	101-054110-500336-0	Maint & Repair Services - Equipment	4,700.00
	101-054110-500355-0	Travel	10,000.00
		TOTAL	14,700.00
		<u>L</u>	
	Account Number	Description	Amount
FROM	101-054110-500334-0	Maintenance Agreements	4,700.00 ~
	101-054110-500356-0	Tuition	10,000.00 🗸
		TOTAL	14,700.00
Explanat	ion: — Plane Manay		
explana	(1) I MAN CHARLEY I		
	unexpec		
	move money	from tuition to travel because	
		of higher travel costs.	

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



Department: MAINTENANCE FY 17-18 Account: 51800 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 (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** Amount Description Account Number 4,000.00 MAINT. & REPAIR SERV-BUILDINGS то 101-051800-500335

TOTAL 4,000.00

	Account Number	Description	Amount
FROM	101-051800-500707	BUILDING IMPROVEMENTS	4,000.00
		TOTAL	4,000

Explanation: TO COVER ANY UNKNOWN EXPENSES

10 Signature of Official/Department Head/Date

Signature of County Mayor/Date

Budget Amendment Request

Health

		Account: 101- 5511	0
Type	e of Amendment: (check one)	7.000 unit	
	ansfer (no overall change to adopted but	dget)	
		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 explo	ining the need or purpose MUST accompany amend	ment form
	Account Number	Description	Amount
то	101-55 110-500 335	Maint Repair Bldg.	9.400.00
	101-55110-500 336	Maint Repair Equipment	600.00
		TOTAL	\$\\\ 1000.00 0.00
	A a a suigh Number	Description	Amount
0014	Account Number	Description	# 100000 #
ROM	101-55110-500307	Communication	* 1000.00
-			
-			
\dashv			
\dashv			
		TOTAL	4
	. 0	IOIAL	4 1000-60 -0:00
xplanat		(10)	
N	ew fire monitoring or	system 1	
	27.		
	7/1/////		

Signature of County Mayor/Date

POSTED \7003644

FY 17-18

Department: GPSF

		Department: OF ST	
		Account: 141-71100	
Typ	e of Amendment: (check one)		
	ransfer (no overall change to adopted bu	dget)	
		unforeseen effect on "revenue" or "expense")	
	- All Control of the	nforeseen effect on "revenue" or "expense")	
Transport of the last of the l			
A		ue to "grant award" or "budgetary adjustment")	
	IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendm	ent form
	Account Number	Description	Amount
70		<u> </u>	
то			
	141-71100-356	Tuition	9,000.00
Y			
		TOTAL	9,000.00
	Account Number	Description	Amount
	/idebatte Harriset	Description	
FROM			
	141-71100-207	Employee Insurance - Health	9,000.00
		TOTAL	9,000.00
Explana	tion:	-	
Transf	er funds for tuition payment of \$25/student for	dual enrollment credit classes through Pellissippi State	CC.
		(6)	
		100	
	Troy Logan 1-22-18	9/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	7-18
Cina		1 Junio 7	6-10
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	

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

Approved By The Board of Education

2-1-18

POSTED

FY 17-18

Department: Human Resources

		Account: 051310			
Туре	e of Amendment: (check one)				
	✓ Transfer (no overall change to adopted budget)				
De		unforeseen effect on "revenue" or "expense")			
☐ Inc	crease (raising adopted budget due to ur	nforeseen effect on "revenue" or "expense")			
Ac	Justment (correction to adopted budget du	e to "grant award" or "budgetary adjustment")			
8	***IF an Increase or Decrease, a memo explo	nining the need or purpose MUST accompany amendm	ent form***		
	Account Number	Description	Amount		
то	101-051310-500307	Communication	200.00		
		TOTAL	200.00		
	Account Number	Description	Amount		
FROM	101-051310-500355	Travel	100.00		
	101-051310-500356	Tuition	100.00		
-					
		TOTAL	200.00		
Fla a a t	ianii I III e II	<u> </u>	200.00		
Explanat	to pay verizon bill for the remin	nder of the 17-18 fiscal year			
		(fi)			
		180			
		0			
1	111 1.	2.10	4 2 4 4		
_,b	ein Morgan 20	x'10 Molecular	2-18		
Signature	of Official/Department Head/Date	Signature of County Mayor/Date			
*All requ	ests requiring committee approval are due to Sr. Financ	ial Analyst's Office by noon on the Tuesday before the Budget Com	nittee Meeting.		

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/	700	5	0 (`

		FY 17-18	Department: GPSF	
			Account: 141-72610	
Typ	e of Amendment: (check one)			
	ansfer (no overall change to adopted bu	dget)		
	ecrease (reducing adopted budget due to		revenue" or "expense")	
	crease (raising adopted budget due to un			
Accounts STORY	justment (correction to adopted budget du			
	IF an Increase or Decrease, a memo expl			nt form
	Account Number		Description	Amount
то			·	
	141-72610-708	Commun	ication Equipment	3,400.00
		-		
			*	n .
	·	•	TOTAL	3,400.00
	Account Number	D	escription	Amount
FROM				
	444 70040 700	Diam's One	anting Equipment	3 400 00

	Account Number	Description	Amount
FROM			
	141-72610-720	Plant Operation Equipment	3,400.00
		TOTAL	3,400.00

Explanation:	W
Transfer funds for purchase of additional cameras on	the Avigilon-video surveillance system at CMS - exterior car loading
areas.	/ KW
	U STAR
Tray Logan 1-23-18	El that 2-2-18
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.

Approved By The Board of Education

2-1-18

POSTED	
17003645	

FY 17-18

Department

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7003645

	Account: <u>141-72620</u>				
Тур	e of Amendment: (check one)				
	Transfer (no overall change to adopted budget)				
-	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
ln		nforeseen effect on "revenue" or "expense")			
A		ue to "grant award" or "budgetary adjustment")			
		laining the need or purpose MUST accompany amendme	nt form***		
	Account Number	Description	Amount		
-	Account Number	Description	Amount		
то					
	141-72620-335	Maint & Repair - Bldgs	40,000.00		
	141-72620-336	Maint & Rapair - Equip	60,000.00		
1		TOTAL	100,000.00		
	Account Number	Description	Amount		
FROM					
FROW	144 70000 000	Oll Occidental Comics	100 000 00		
	141-72620-399	Other Contracted Services	100,000.00		
	1				
		TO THE	400,000,00		
		TOTAL	100,000.00		
Explanat	tion:				
Transfe	er funds to correct object codes.	(xle)			
		(A)			
		0			
	1. 7. 1210	S/11/X/11	27-10		
	July Logar 1-23-18	Signature of County Mayor/Date	1-6-10		
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date			

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

Approved By The

Board of Education

2-1-18

POSTED

2-2-18

17003642

Department: Circuit Judge FY 17-18 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") (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 60.00 101-053110-500437 Periodicals TO **TOTAL** 60.00 Description Amount **Account Number** 60.00 FROM 101-053110-500499 Other Supplies & Materials **TOTAL** 60.00 Explanation: Transfer to cover Daily Times electronic subscription to verify Grand Jury notices.

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