## **Budget Amendment Request**

POSTED 17004470

		FY 17-18	Department: Sheriff	( ( ) (
			Account: 054110	
-	of Amendment: (check one)			
-	nsfer (no overall change to adopted bud			
	crease (reducing adopted budget due to i			
24 114 14 14 14 14	rease (raising adopted budget due to un			
Adj	ustment (correction to adopted budget du	e to "grant award" or	"budgetary adjustment")	
*	**IF an Increase or Decrease, a memo expla	ining the need or pur	pose MUST accompany amendme	nt form***
	Account Number		Description	Amount
TO	101-054110-500355-0		Travel	5,500.00
			TOTAL	5,500.00
	Account Number		Description	Amount
rnous				
FROM	101-054110-500356-0		Tuition	4,000.00
	101-054110-500414-0	Dupli	cating Supplies	1,500.00
			1	
-				
			<del></del>	
			TOTAL	5,500.00
Explanation	To place funds in account to co	ver travel expenses		
	()	KI		
	( *	19		

Signature of County Mayor/Date

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

FY 17-18

POSTED 17004469

Department: General Sessions Judges

Account: 053310

Type	e of Amendment: (check one)		
V	anster (no overall change to adopted bu	dget)	
De	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
The second second		nforeseen effect on "revenue" or "expense")	
40	(correction to adopted budget d	ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amendn	nent form***
	Account Number	Description	Amount
то	101-053310-500161	Secretaries	15,000.00
		TOTAL	15,000.00
		ı	
		117.	
	Account Number	Description	Amount
FROM	Account Number 101-053310-500204	Description State Retirement	Amount 15,000.00
FROM			
FROM		State Retirement	15,000.00
	101-053310-500204	State Retirement  TOTAL	
Explana	101-053310-500204	State Retirement  TOTAL	15,000.00
	101-053310-500204	State Retirement  TOTAL	15,000.00
	101-053310-500204	State Retirement  TOTAL	15,000.00
	tion: Monies to cover pay out for re	State Retirement  TOTAL	15,000.00

\*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 County Mayor/Date

Signature of Official/Department Head/Date

# Budget Amendment Request

POSTED 17004289

FY 17-18

Department: Sheriff
Account: 054110

	Account Number	ing the need or purpose MUST accompany amendme  Description	Amount
то	101-054110-500302-0	Advertising	350.00
		TOTAL	0.00
	Account Number	Description	Amount
FROM	101-054110-500331-0	Legal Services	350.00
Explanation:	To place funds in proper account	TOTAL	0.00

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

FY 17-18

uest	17004413
Department: Human	Resources
Account: 101-051310	
"revenue" or "expense") evenue" or "expense") "budgetary adjustment")	
AALICT	Imant form ***

	Account Number	the need or purpose MUST accompany amendme Description	Amount
то	101-51310-500422	Food Supplies	200.0
		TOTAL	200.0
	Account Number	Description	Amount
FROM	101-51310-500356	Tuition	200.0
		TOTAL	200.0

\*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

P	
1-	700442

FY 17-18 Department: Hwy Account: 131-062000 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 131-062000-500399 Other Contracts 16,413.00 **TOTAL** 16,413.00 Account Number Description Amount FROM 131-062000-500440 Pipe 16,413.00 **TOTAL** 16,413.00 Explanation: Project on Blockhouse completed with South Blount Utility

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

Signature of County Mayor/Date

Signature of Official/Department Mead/Date



		FY 17-18	Department: JAIL. Account: 054210	( / 0.0 )
✓Tra  □ De  □ Inc □ Ad	of Amendment: (check one) Insfer (no overall change to adopted bud Crease (reducing adopted budget due to un Trease (raising adopted budget due to un Trease (correction to adopted budget due	inforeseen effect on " foreseen effect on "re e to "grant award" or	revenue" or "expense") venue" or "expense") "budgetary adjustment")	
,	**IF an Increase or Decrease, a memo expla			nt form*** Amount
	Account Number		Description	
TO	101-054210-500207-0	EMPLOYEE	NSURANCE - HEALTH	50,000.00
			TIVOU A T	50,000,00
			TOTAL	50,000.00
	Account Number		escription	Amount
FROM	101-054210-500164-0	ΓA	TENDANTS	50,000.00
		V		
			TOTAL	50,000.00
Explanat	ion: TO COVER SHORTFALL IN AC	COUNT		
		(No)		
	. h of and a	, ,	QX11/2	10 10
Jam		/4	1 Weller	29-18
Signaturi	of Official/Department HAnd/Date	- Signature of Co	ounty Mayor/Date	

17004422

FY 17-18 Department: SHERIFF Account: 054110 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 TO 101-054110-500207-0 **EMPLOYEE INSURANCE - HEALTH** 120,000.00 TOTAL 120,000.00 Account Number Description Amount FROM 101-054110-500109-0 **CAPTAINS** 120,000.00 TOTAL 120,000.00 Explanation: TO COVER SHORTFALL IN ACCOUNT

\*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

ignature of Official/Department Head/Daxe



	Bu	Budget Amendment Request		1004	
		FY 17-18	Department: Hwy		
			Account: 62000		
yp	of Amendment: (check one)				
	ansfer (no overall change to adopted bu	dget)			
De	crease (reducing adopted budget due to		revenue" or "expense")		
In	crease (raising adopted budget due to un				
Ac	<b>ljustment</b> (correction to adopted budget du				
	***IF an Increase or Decrease, a memo expl			ment form***	
	Account Number		Description	Amount	
o	131-062000-500405	Li	quid Asphalt	40,000.00	
	5 - 2000 OCC22000				
			· · · · · · · · · · · · · · · · · · ·		
_					
_					
			TOTAL	40,000.00	
		T			
	Account Number	С	Pescription	Amount	
M	131-062000-500444		Salt	40,000.00	

Account Number	Description	Amount
131-062000-500444	Salt	40,000.00
***		
		Allelli
	TOTAL	10.000.00
To account for large amount of sold a		40,000.00
		TOTAL  To account for large amount of cold patch for potholes this year.

✓ Transfer

TO

Signature of County Mayor/Date

D	acten	
	DAILD	
	100496	

FY 17-18

Department: GPSF

Account:	141-72610	

Type	of Amendment: (check one)		
✓ Tra	insfer (no overall change to adopted but	dget)	
☐De	crease (reducing adopted budget due to	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")	
	**IF an Increase or Decrease, a memo explo	ining the need or purpose MUST accompany amendme	ent form***
	Account Number	Description	Amount
то			
	141-72610-410	Custodial Supplies	15,000.00
$\vdash$	141-72010-410	Custodiai cuppiics	10,000.00
-			
		4	
		TOTAL	15,000.00
			, 0,000.00
	Account Number	Description	Amount
ED COA	Account Hamber	Description	
FROM			45.000.00
	141-72610-166	Custodial Personnel	15,000.00
		TOTAL	15 000 0
	ÿ.	TOTAL	15,000.00
Explanat	tion:		
Transfe	er funds for higher than expected custodial su	applies due to manufacturing change in paper products a	vailable and
materia	als costs for gym floor sealer/finish		
-		/ <b>%</b> )	
	,	1 11 11 11	
	104 Rosan 3-7-18	1/9/8/1/1/2.	29-18
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	1 10
5		The state of the s	

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

Approved By The

Board of Education

3-27-18

FY 17-18

Department: GPSF

Account: 141-72620

	e of Amendment: (check one)		
	ansfer (no overall change to adopted but		
		unforeseen effect on "revenue" or "expense")	
10000		nforeseen effect on "revenue" or "expense")	
Ac	<b>ljustment</b> (correction to adopted budget d	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			
	141-72620-338	Maintenance - Vehicles	5,000.00
_	141-72020-338	Waittetiance - Vernicles	0,000.00
$\vdash$			
		TOTAL	5 000 00
		TOTAL	5,000.00
		2	A
	Account Number	Description	Amount
FROM			
	141-72620-499	Other Supplies & Materials	5,000.00
		4	
├──			
<u> </u>			
		<del></del>	
		TOTAL	5,000.00
Explana	ation:	_	
,			
Iransi	fer funds due to higher than expected vehicle	maintenance and repair expenses.	
	х.	( Shi)	
-	1 2	11/10/11/11	22 270
	104 Logan 3/2/18		29-18
Signatu		Signature of County Mayor/Date	
	in Fir		

\*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 3-27-18



FY 17-18

Department: GPSF

000		
Account:	141-71100	

Type	e of Amendment: (check one)		
✓ Tr	ansfer (no overall change to adopted bu	udget)	
De	ecrease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
11 (12)		nforeseen effect on "revenue" or "expense")	
Ac	<b>ljustment</b> (correction to adopted budget d	ue to "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo exp	laining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то		†	
	444 74400 440	Total	F 222 2
_	141-71100-116	Teachers	5,000.00
<u> </u>			
		TOTAL	5.000.00
		TOTAL	5,000.00
,		T	
	Account Number	Description	Amount
FROM			
	141-71100-207	Employee Insurance - Health	5,000.00
		TOTAL	5,000.00
Explana	tion:	_	
	A <del></del>	Och college from to consider a college from the	
		eSchool teachers to complete evaluations of portfolios as p	part of the
State	of Tn unfunded mandate.		
		/ 100	
-	1. 7	1/2 1/P 10 10	
	104 Logar 3-2-18	JANUS-29-18	
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	
	W		

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 Ine

Board of Education 3-27-18



FY 17-18

Department: GPSF Account: 141-71200

	Account Number	aining the need or purpose MUST accompany amendme  Description	Amount
то	141-71200-429	Instructional Supplies	13,000.00
	777 7200 120	medicational Supplies	
		-	
		TOTAL	13,000.00
	Account Number	Description	Amount
ROM	141-71200-312	Contracts with Private Agencies	13,000.00
	141-71200-312	Contracts with Fillvate Agencies	10,000.00
_			
		TOTAL	13,000.00
Explanation			

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 3-27-18

FY 17-18

Department: GPSF

Account: 141-72710

	e of Amendment: (check one) ansfer (no overall change to adopted bu	udget)	
Personal Property	- Committee and	unforeseen effect on "revenue" or "expense")	
		nforeseen effect on "revenue" or "expense")	
Ac	ljustment (correction to adopted budget do	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			
	141-72710-313	Contracts with parents	1,600.00
		TOTAL	1,600.00
	r		
	Account Number	Description	Amount
FROM			
	141-72710-338	Maintenance Repair Vehicles	1,600.00
-			
		TOTAL	1,600.00
Explana	tion:		
Transf	er funds for higher than expected mileage rei	imbursement for parents.	
		1 1 2	
	1. 7 2 2 2 =	(3) (N/A)	10
	hoy Log- 3-8-18	2018 chife of 3-29-	18
Signatui	re 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 3-27-18

POSTED 17004429

FY 17-18

Denartment: GPSF

Department.	
Account: 141-72210	

	of Amendment: (check one) nsfer (no overall change to adopted bu	44	
		unforeseen effect on "revenue" or "expense")	
		offoreseen effect on "revenue" or "expense")	
The second second	SOURCE STATE OF THE PARTY OF TH	ue to "grant award" or "budgetary adjustment")	
		•	
		aining the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то			
	141-72210-355	Travel	7,000.00
$\vdash$			
$\vdash \vdash$			
		+	
$\Box$		mom4x	
		TOTAL	7,000.00
		Ti-	
	Account Number	Description	Amount
FROM			
	141-72210-207	Employee Insurance Health	7,000.00
-			
-			
-			
		TOTAL	7,000.00
Explanati	on:		
Transfe	r funds for higher than expected local travel	mileage reimbursement.	
-	<b>5</b>	//(0	
-7	104- Jagan 3-8-18	118 XX 1 2	29-18
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 3-27-18-



Department: GPSF FY 17-18 Account: 141-72250 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\*\*\* Description Amount Account Number TO 141-72250-351 Rentals 340,000.00 **TOTAL** 340,000.00 Description Amount **Account Number** FROM 141-72250-330 Lease Payments 266,750.00 73,250.00 141-72250-411 **Data Processing Supplies TOTAL** 340,000.00 Explanation:

Transfer for year 1 of 3 rental of 4,200 chromebooks with 3 year advanced exchange warranty, 3 year Tennessee rental support help desk, web portal for repairs, and free shipping. Also, includes full license of LanSchool and 1 year support

and maintenance. Each chromebook is \$80.64 per year rental.

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 3-27-78

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170044	3	1
1 204 1	100	7,3

FY 17-18

Department: Food Service

		Department.	Miles Te
		Account: 143-73100	
Type	e of Amendment: (check one)		
	ansfer (no overall change to adopted budg	get)	
The second lines in the latest lines in the la	A STATE OF THE STA	nforeseen effect on "revenue" or "expense")	
		preseen effect on "revenue" or "expense")	
STATE OF THE PERSON	ijustment (correction to adopted budget due		
			7
	***IF an Increase or Decrease, a memo explai	ning the need or purpose MUST accompany amendme	nt form ***
	Account Number	Description	Amount
то			
	440 70400 004	A Comment of the Comm	700.00
	143-73100-334	Maintenance Agreements	700.00
		TOTAL	700.00
		TOTAL	700.00
		The state of the s	
	Account Number	Description	Amount
FROM			
	143-73100-399	Other Contracted Services	700.00
	143-73100-399	Other Contracted Scrvices	700.00
		TOTAL	700.00
Combons	At a will		
Explana	tion;		
Transf	er funds for garbage service for School Nutritio	n Department.	
-			
		/ \\	
-			
	Thou Lagar 3-14-18	1878/1/2	29-18

Approved By The

Signature of County Mayor/Date

Board of Education 3-27-18

Signature of Official/Department Head/Date

		FY 17-18	Department: Purchsing	
_			Account: 101-052200	
	e of Amendment: (check one)			
	ansfer (no overall change to adopted bu			
	ecrease (reducing adopted budget due to			
	crease (raising adopted budget due to u			
Ac	<b>ljustment</b> (correction to adopted budget do	ue to "grant award" or	"budgetary adjustment")	
	***IF an Increase or Decrease, a memo expl	aining the need or pu	rpose MUST accompany amendme	nt form***
	Account Number		Description	Amount
то	101-052200-500307	C	ommunication	136.00
	101 002200 000001	l		
		<u> </u>		
			TOTAL	
			TOTAL	0.00
	Account Number		Description	Amount
FROM	101-052200-500332	L	egal Notices	136.00
			TOTAL	0.00
Explana	tion: For monthly services for MiFi	device through 6/20/19		
схрівна	For monthly services for wife to	device trilough product	3.	
	(40)	( NO)		
		1 00		
	63	(4)	,	
			10000000	W 2
C	Jeresa Ohnson 3/19/	18	Meddell 3-	21-18
Signatur	e of Official/Department Head/Date	Signature of (	County Mayor/Date	

17004284

13-21-18

Department: GPSF FY 17-18 Account: 141-72210 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 \*\*\* Description Account Number TO 7,000.00 Travel 141-72210-355 **TOTAL** 7,000.00 Amount Description Account Number FROM 7,000.00 Employee Insurance Health 141-72210-207 **TOTAL** 7,000.00 Explanation: Transfer funds for higher than expected local travel mileage reimbursement.

\*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

Account: 101-51500

		P	OSTED
Department:	Elections		700420
unt: 101-51500			

Туре	e of Amendment: (check one)		
✓ Training	ansfer (no overall change to adopted buc		
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")	
	***IF an Increase or Decrease, a memo expla	ining the need or purpose MUST accompany amendmen	nt form***
	Account Number	Description	Amount
то	101-51500-500435	Office Supplies	2,500.00
		mom I I	2500
		TOTAL	2500-
	Account Number	Description	Amount
FROM	101-51500-500332	Legal Notices, Recording & Court Costs	2,500.00
		TOTAL	2500 -
Explanat	ion: Early Voting and Election Day s	,	7,
Explanae	Early Voting and Election Day 2	О	
		(v. )	
		<u> </u>	
		0 11 110	
1	irus theornes	3.1 AVV 2	-21-18
Signature	e of Official/Department Head/Date	Signature of County Mayor/Date	9-1 10
- 10		TO THE PROPERTY OF THE PROPERT	

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



Department: 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 (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 350.00 Licenses 363-054150-500333-0 TO TOTAL 350.00 Amount Description Account Number 350.00 Maint & Repair Services FROM 363-054150-500336-0 TOTAL 350.00 General License Fee for Radioactive Material Explanation:



				( , 00
		FY 17-18	Department: Library	
			Account: 115-056500	
✓Tri □De □Inc	e of Amendment: (check one) ansfer (no overall change to adopted bucrease (reducing adopted budget due to understand description to adopted budget due to understand description descripti	unforeseen effect on " nforeseen effect on "re ue to "grant award" or '	venue" or "expense") 'budgetary adjustment")	nt form***
	Account Number		Description	Amount
то	115-056500-500355-0		leage/Travel	500.00
			TOTAL	500.00
	m dalam merena da	1		Amount
	Account Number		escription	500.00
FROM	115-056500-500435	OII	ice Supplies	
Explanati	move in line with COA		TOTAL	500.00
		180/		
3/19/18		10/		-
	10	1 /	11000000	

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

Please

FY 17-18

Department:	Register of Deeds
Account: 51600	

		Department. 1109 Department.	
		Account: 51600	
	e of Amendment: (check one)		
1000000	ansfer (no overall change to adopted but		
The second second	TO STATE OF THE ST	unforeseen effect on "revenue" or "expense")	
100000		foreseen effect on "revenue" or "expense")	
Ad	<b>Justment</b> (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 amendme	nt form***
	Account Number	Description	Amount
то	500399	Other Contracted Services	5,000.00
	500451	Office Uniform Attire	1,500.00
		TOTAL	6,500.00
	Account Number	Description	Amount
FROM	500204	State Retirement	5,000.00
	500204	State Retirement	1,500.00
Explanatio	on: (500399) Other Contracted Services \$5,000	TOTAL Scan old Deed Books for Computer System. This will cover scanning approx	6,500.00 imately 17-18 books.
Warrant	ty Deeds 79-96 Recording Dates 8/1913-9/19		
		(19)/	()
(500451	) Office Uniform Attire		
()	Julles Lee (usp 3/20/1	Signature of County Mayor/Date	1-19

POSTED 17004265

		FY 17-18	Department: Highway	
			Account: transfers	. *,
	mendment: (check one)	41		
Transfer			"royonuo" or "evnence")	
Decrease	(reducing adopted budget due to unfo			
Increase				
	ent (correction to adopted budget due			
***IF an	n Increase or Decrease, a memo explain	ning the need or pu		
	Account Number		Description	Amount
то	131-99100-500590	Trans	fers to Other Funds	60,000.00
				***
-				
			w.	
			TOTAL	60,000.00
			TOTAL	60,000.00
_	Account Number	-	Description	Amount
ом	131-68000-500714	Hial	hway Equipment	60,000.00
	107 00000 000711			
			TOTAL	CO 000 00
			TOTAL	00,000,00
planation:	Highway portion/contribution tow	vard Kinzel Springs	Bridge project	
	/ /			- 11
/,	2/1/1/1	(	EXXX	11/210
> poll	V. Seach 1 2 2	28/18	Mount	1 3-17-1
pature of ficial	al/Department Head/Date	Signature of	County Mayor/Date	
-1/1	Head 13 2 2	28 18	TOTAL Bridge project  County Mayor/Date	60,000



Department: Rabies/Animal Control/BCAC FY 17-18 Account: 101-55120 Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease (raising adopted budget due to unforeseen effect on "revenue" or "expense") Increase Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") \*\*\* IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form \*\*\* Amount Description Account Number 200.00 Licenses 101-55120-500333 TO TOTAL 0.00 Description Amount Account Number 200.00 FROM 101-55120-500335 Maint and repairs-buildings TOTAL 0.00 Explanation: Transfer money to cover the cost of renewing our Veterinary facility license.

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

3-16-18

POSTED 7004263

FY 17-18

Department: Property Assessor 7
Account: 101-052310

Typ	e of Amendment: (check one)		
✓Tr	ansfer (no overall change to adopted bu		
□De	ecrease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")	
	crease (raising adopted budget due to u	nforeseen effect on "revenue" or "expense")	
Ac	<b>djustment</b> (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 amendn	nent form***
	Account Number	Description	Amount
то	101-052310-500435	Office Supplies	500.00
	10, 00, 00, 00, 00, 00, 00, 00, 00, 00,		
		TOTAL	500.00
	Account Number	Description	Amount
FROM	101-052310-500356	Tuition	500.00
			· · · · · · · · · · · · · · · · · · ·
		TOTAL	500.00
Explana	tion: Minimal classes remaining for	this fiscal year so moving funds from Tuition to Office S	upplies where it
will be	more useful	(18)	
Will 60	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1)	
-		(The 122	
,c	J-1414 3-14-18		19-18
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	

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

POSTED 4262

FY 17-18

Department: Human Resources

Account: 101-51310

✓Tra □De	rease (raising adopted budget due to un justment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment")	ent form***
,	**IF an Increase or Decrease, a memo expla Account Number	ining the need or purpose MUST accompany amendm  Description	Amount
	101-51310-500355	Travel	26.59
TO	101-51310-500355	Travoi	
		\displays	
		TOTAL	26.59
	Account Number	Description	Amount
FROM	101-51310-500333	Licenses	26.59
THOM	701010 00000		
-			
_			
v			
Explana	tion: to get travel out of the negativ	TOTAL	26.59
		Q	
	MOTGA 3/15/18 e/of Difficial/Department Head/Date  Jests requiring committee approval are due to Sr. Finan	Signature of County Mayor/Date icial Analyst's Office by noon on the Tuesday before the Budget Con	3-19-18 nmittee Meeting.



FY 17-18

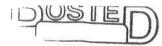
	1700-126
Department:	Juvenile Court

		Account: 101-053500	
Type	e of Amendment: (check one)		
	ansfer (no overall change to adopted but	dget)	
	THE REPORT OF THE PERSON OF TH	unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense")	
- 111 LLAN		e to "grant award" or "budgetary adjustment")	
		nining the need or purpose MUST accompany amenda	
	Account Number	Description	Amount
то	101-053500-500340	Mental Health Assessements	3,750.00
		TOTAL	275,06
		IOTAL	240=
	Account Number	Description	Amount
FROM	101-053500-500499		1,875.00
	101-05350-500599		1,875.00
		TOTAL	3755-66
Explanat	tion:		0.00
	<del></del>	( No. )	
Transfe	er for more Mental Health Evals.	/ 1//	
	1/ 1/1/ 1/1/ 1/2	1000	XIII- 10 1
(1	Nerha Mosta is	12/8 Contin	CK 3-19-18
Signatur	e of Official/Department/Head/Date	Signature of County Mayor/Date	
	/ ( / / /		1720 5000 1000
*All requ	ests requiring committee approval are due to Sr. Financ	ial Analyst's Office by noon on the Tuesday before the Budget Con	imittee Meeting.



		FY 17-18	Department: Drug	Task Force
✓Tra □De □Inc □Ad	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 justment (correction to adopted budget due ***IF an Increase or Decrease, a memo explain	inforeseen effect on "re oreseen effect on "reve to "grant award" or "b	enue" or "expense") oudgetary adjustment")	1700421
	Account Number		escription	Amount
то	363-054150-500356-0		Tuition	370.00
			TOTAL	370.00
FROM	Account Number 363-054150-500355-0		scription Travel	Amount 370.00
		Ne .		
Explanatio	to pay for tuition for NATIA		TOTAL	370.00
gnature	Sofficial/Department Head/Date	Signature of Coun	nty Mayor/Date	3-13-18

# Budget Amendment Request



FY 17-18

Department: Drug Task Force

DCP.	31 (1)101111
Account:	363-054150

		ning the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то	363-054150-500334-0	Maintenance Agreements	100.00
		TOTAL	100.00
	Account Number	Description	Amount
ROM	363-054150-500336-0	Maint & Repair-Equip	100.00
		TOTAL	100.00
xplanation:	To pay for recurring video monit	oring of 2 Nest cameras	



FY 17-18

Department: Library
Account: 115

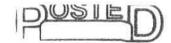
T	*II- an Increase or Decrease, a memo expl Account Number	aining the need or purpose MUST accompany amendmen  Description	Amount
то	115-056900-500421	Equipment Supplies - Fond Page	360.00
		TOTAL	360.00
	Account Number	Description	Amount
ROM	115-056900-500422-0	Food Supplies	360.00
		TOTAL	360.00
xplanation:	move in line w/COA		



FY 17-18

Department: Maintenance

		Account: 10-051800	
Type of A	mendment: (check one)		
✓ Transfer			
Decrease	e (reducing adopted budget due to unfor	eseen effect on "revenue" or "expense")	17004/13
Increase			1 1 1
Not us in	and the same of th	grant award" or "budgetary adjustment")	
***IF a	un Increase or Decrease, a memo explaining	the need or purpose MUST accompany amendm	ent form ***
	Account Number	Description	Amount
		·	
то	101-051800-500307	communication	556.40
0			
a g			
		TOTAL	556.40
	Account Number	Description	Amount
FROM	101-051800-500356	tuition	556.40
_			
			\{
			1
_			
		TOTAL	556.40
xplanation:	to power involve for radio for a	TOTAL	000.40
Apidilation	to cover invoice for radio fees	(41)	
7 /	2 {	6 1 1/2	Tank Tank
	- 3-8-18	100 text 3.	9-18
ignature of Offici	al/Department Head/Date	Signature of County Mayor/Date	
FARTING PRINTING	5		
Il requests requ	iring committee approval are due to Sr. Financial Analy	yst's Office by noon on the Tuesday before the Budget Comm	nittee Meeting.



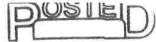
FY 17-18

Department: VETERANS

	050000		
Account:	058300		

Type	of Amendment: (check one)			
Contract to the last	(no overall change to adopted but	(get)		
		unforeseen effect on "revenue" or "expense")	10000000	
The second second		foreseen effect on "revenue" or "expense")	17004112	5
	(correction to adopted budget due	e to "grant award" or "budgetary adjustment")	,	
_		ining the need or purpose MUST accompany amenda	ment form***	
	Account Number	Description	Amount	
			200.00	
то	355	TRAVEL	200.00	
				Λ
				11
				11
		TOTAL	200.00	
	Account Number	Description	Amount	
FROM	414	DUPLICATING	200.00	
				A
				H-
-+				1
-+				
		TOTAL	200.00	
Explanati	on: SHORTAGE IN TRAVELLINE	FOR SERVICE OFFICER TRAINING.		
	OHORTAGE IN THATEL LINE	TOROLLA TIOLIA TIONIA	<del></del>	
		/ Ne		
		<i>y</i>		
-		0 11		
1/1	the last alone	12 1 1 1 1 3	-9-18	
I VIII	of Official/Department Head/Date	Signature of County Mayor/Date	· / -	

# **Blount County Government**



	Ві	idget Amendment Request	<b>U</b>
		FY 17-18 Depar	tment: Circuit Court Clerk
	(raising adopted budget due to use (correction to adopted budget d	udget) o unforeseen effect on "revenue" or "ex unforeseen effect on "revenue" or "expe ue to "grant award" or "budgetary adjus	pense") nse")  stment")
THE GI	Account Number	laining the need or purpose MUST acco  Description	Amount
то	101-053120-500312	Contracts with Private Ager	
10	101-053120-500312	Other Contracted Service	
	Account Number	Description	TOTAL 26.00
ROM	101-053120-500320	Dues and Memberships	4.00
	101-053120-500599	Other Charges	22.00
	1/2+		}
Explanation:	To cover balance of expected	expenses for balance of year	TOTAL 26.00
Jamza	Walker 3/9/18	Signature of County Mayor/Date	3-9-18



FY 17-18

Department: County Clerk
Account: 101-052500

***		o "grant award" or "budgetary adjustment") ing the need or purpose MUST accompany amendmen	t form***
	Account Number	Description	Amount
то	101-052500-500118-0	Secretary to the Commission	8,646.39
		· · · · · · · · · · · · · · · · · · ·	
		TOTAL	0.00
	Account Number	Description	Amount
ROM	101-052500-500204-0	State Retirement	8,646.39
		TOTAL	0.00
xplanation:	unforseen retiree payout; 30 days	s sick leave, 20 vacation days	
			-



FY 17-18

Department: 051300

		Account: Mayor	
Typ	e of Amendment: (check one)	<del>19</del>	
	ansfer (no overall change to adopted but	dget)	
1000		unforeseen effect on "revenue" or "expense")	
The second second	and any support of the last of		
16204		foreseen effect on "revenue" or "expense")	
AC	<b>justiment</b> (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
TO	101-051300-500307	Communications	42.80
		TOTAL	42.80
			73.30
	Agggunt Number	Description	A
	Account Number	Description	Amount
FROM	101-051300-500599	Other Charges	42.80
-			
	)		
_			
		TOTAL	42.80
	lane Managh D. P. E.		10,00
Explanat	Mayor's Radio Expense		
rs.	<b>b</b> • • • • • • • • • • • • • • • • • • •		
IMA	MAN COMMON 2/0/16	A XXIII	0 10
UVV	11 XIV 1 ( WYVWW 0/8/18	1Cd that 3-8	-/8
ignature	of Official/Department Head/Date	Signature of County Mayor/Date	
All same	ests requiring committee approval are due to Sr. Eleansi		
AATULESCHILL		an analyst of little a ny page on the Tuneday before the Buildest Form	

P	OSTED	1-
ance	17004	100

		FY 17-18	Department: Maintena Account:	nce ( / OC
✓ Tra	e of Amendment: (check one) ansfer (no overall change to adopted bu ecrease (reducing adopted budget due to un errease (raising adopted budget due to un experience (correction to adopted budget due)	unforeseen effect on 'nforeseen effect on 're ue to "grant award" or	"revenue" or "expense") evenue" or "expense") "budgetary adjustment")	
	***IF an Increase or Decrease, a memo explo		Pose MUST accompany amename Description	Amount
то	101-051800-500335		epair srvcs - Buildings	5,000.00
			TOTAL	5,000.00
	Account Number		Description	Amount
FROM	101-051800-500334	Mainter	nance Agreements	5,000.00
Explanat	to cover unknown expenses fo	or repairs	TOTAL	5,000.00
Signature	e of Official/Department Head/Date	Signature of C	County Mayor/Date	°-6-18°



Department: Maintenance

		Account:	
✓ Tra  De  Inc	(raising adopted budget due to un (correction to adopted budget du	unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	
×		aining the need or purpose MUST accompany amendme	
	Account Number	Description	Amount
то	101-051800-500330	Lease payments	190.50
	, a	TOTAL	400.50
		TOTAL _	190.50
	Account Number	Description	Amount
FROM	101-051800-500334	Maintenance Agreements	190.50
Explanati	to cover Enterprise lease	TOTAL	190.50
ع ر	of Official/Department Head/Deta	Signature of County Mayor/Date	3-6-18



FY 17-18

Department: GPSF
Account: 141-72620

Typ	e of Amendment: (check one)					
√ Tr	ansfer (no overall change to adopted by					
□De	ecrease (reducing adopted budget due to	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
		inforeseen effect on "revenue" or "expense")				
Ad	<b>liustment</b> (correction to adopted budget d	ue to "grant award" or "budgetary adjustment")				
	***IF an Increase or Decrease, a memo exp	laining the need or purpose MUST accompany amendme	ent form***			
	Account Number	Description	Amount			
то						
	141-72620-361	Permits	2,000.00			
	141-72020-301	Fermits	2,000.00			
		TOTAL	2,000.00			
		_	·			
	Account Number	Description	Amount			
FROM						
TROW	141-72620-499	Other Supplies & Materials	2,000.00			
	141-72020-499	Other Supplies & Materials	2,000.00			
		\$				
		TOTAL	2,000.00			
Explana	tion:	(%)				
	er funds to correct object codes for estimated	I namit auto				
Transi	er funds to correct object codes for estimated	permit costs.				
			4			
		ক <sub>হ</sub> ক মেঘ				
	1 7 1 1	58010112	5-18			
/.	Loy Lagar 1-31-18	Signature of County Mayor/Date	5-10			
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



FY 17-18

Department: GPSF
Account: 141-72310

Typ	e of Amendment: (check one)		
✓ Tr	ansfer (no overall change to adopted but	dget)	
$\Box$ De		unforeseen effect on "revenue" or "expense")	
Chick		foreseen effect on "revenue" or "expense")	
A	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 amendme	ent form ***
	Account Number	Description	Amount
то		·	
	444 70040 004	LocalFore	20,000.00
	141-72310-331	Legal Fees	20,000.00
		TOTAL	20.000.00
		TOTAL	20,000.00
	T-		
	Account Number	Description	Amount
FROM			
	141-72310-189	Other Wages	20,000.00
		TOTAL	20,000.00
Explana	tion		
,			
Transf	er funds due to higher than expected legal fee	s, primarily related to the mixed drink tax litigation.	
7.		( Xe	
	1 7	I I M	/
A 600-00	Leoy Logan 2-14-18		-6-18
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	

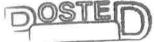
\*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

Approved By The Board of Education

3-1-18



			epartment: Drug Task nt: 054150	Force
✓ Trar  Deci	of Amendment: (check one)  nsfer (no overall change to adopted bu rease (reducing adopted budget due to ease (raising adopted budget due to ur ustment (correction to adopted budget du **IF an Increase or Decrease, a memo explain	unforeseen effect on "revenue" o foreseen effect on "revenue" or " e to "grant award" or "budgetary	'expense") adjustment")	nt form***
	Account Number	Description		Amount
то	363-054150-500320-0	Dues and Member	rships	20.00
			TOTAL	20.00
	Account Number	Description		Amount
FROM	363-054150-500333-0	Licenses		20.00
Explanation	n:To pay membership fee for NA	TIA R	TOTAL	20.00



FY 17-18

ıest	t	-	7		PL	נ		
	Dep Account:		: Oth	ner Boards	s & Co	mmit	tees	
	n "	,				,		വ

	Account Number	Description	Amount
то	101-051240-500422	Food Supplies	200.0
		TOTA	AL 200.00
	Account Number	Description	Amount
ком	101-051240-500599	Other Charges	200.00
xplanation:	meals for commi		AL 200 00

Parit	<b>PA</b>	Agi	2000	Maj	79			
£		9	á	Ĺ	J			_
	1	_	'n	D	1	D	2	9
	Į	(		0				

FY 17-18

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∏Tr □De □Ine □Ac	crease (raising adopted budget due to un ljustment (correction to adopted budget du	unforeseen effect on "revenue" or "expense")  Inforeseen effect on "revenue" or "expense")  In to "grant award" or "budgetary adjustment")	***
	***IF an Increase or Decrease, a memo explo Account Number	Description	Amount
то	101-051300-500435	Office Supplies	215.00
		TOTAL	dicule
		TOTAL	010
	Account Number	Description	Amount
FROM	101-051300-500356	Tuition	115.00
	101-051300-500599	Other Charges	100.00
		· ·	
		TOTAL	215.001
Explanat	tion: Office Sup	dies	
	06.		
			*
	` .	(¥:	
(1) ha		I STANI	
<u>M</u>		5/18	3-6-18
Signatur	e of Official/Department Head/Date	Signature of County Mayor/Date	

POSTED

FY 17-18

Department: Maintenance 700405

∠Tr □De □In □Ac	crease (raising adopted budget due to un lighterment (correction to adopted budget du	dget) unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment") aining the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	101-051800-500167	Maintenance Personnel	7,000.00
		TOTAL	7000.9
	Account Number	Description	Amount
FROM	101-051800-500169	Part-time Personnel	7,000.00
Explanat		TOTAL and for pay increase	7000.型
Signature	3/6/18 e of Official/Department Head/Date	Signature of County Mayor/Date	3-6-18

# **Blount County Government**

		lget Amendment Request	1700799	1
		FY 17-18 Department: RECOV	/ERY COURT	) Z
		Account: 053200-00128		
Туре	e of Amendment: (check one)			
	ansfer (no overall change to adopted but	dget)		
_	crease (reducing adopted budget due to	unforeseen effect on "revenue" or "expense")		
		foreseen effect on "revenue" or "expense")		
Ac	justment (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	nent form***	
	Account Number	Description	Amount	1
то	500413	DRUGS AND MEDICAL SUPPLIES	3,000.00	, Š
	500413	DRUGS AND MEDICAL SUPPLIES	3,000.00	
_				
		TOTAL	6000.00	
	Account Number	Description	Amount	
ROM	500355	TRAVEL	3,000.00	
	500429	INSTRUCTIONAL SUPPLIES & MATERIALS	3,000.00	
-				
$\dashv$				
-		, i		
		mom a r	4 0 - 0 00	

FROM

MONEY BUDGETED TO PURCHASE SUPPLIES TO OPERATE DRUG SCREEN LAB IS DEPLETED.

THIS TRANSFER IS TO MOVE MONEY THAT MAY NOT BE NEEDED FOR TRAVEL AND INSTRUCTIONAL SUPPLIES TO 500413

TO HELP KEEP THE LAB OPERATING THE REMAINDER OF THIS FISCAL YEAR.

2/27/18

Signature of County Mayor/Date



FY 17-18

Department: Library
Account: 115-056500

	Account Number	aining the need or purpose MUST accompany amends  Description	Amount
то	115-056500-500333-0	Licenses	250.00
		TOTAL	250.00
	Account Number	Description	Amount
FROM	115-056500-500435-0	Office Supplies	250 <del>245.00</del>
+			
		TOTAL .	045.00
		TOTAL	250 -245.00



2,000.00

	Bu	dget Amendment Requ	get Amendment Request	
		FY 17-18	Department: <u>Co</u>	ounty Trustee
			Account: 52400	
Type o	of Amendment: (check one)			
✓ Trans	sfer (no overall change to adopted bu	udget)		
Decre	ease (reducing adopted budget due to	unforeseen effect on ".	revenue" or "expense")	
Incre	ase (raising adopted budget due to u	nforeseen effect on "re	venue" or "expense")	
Adju	stment (correction to adopted budget d	ue to "grant award" or '	'budgetary adjustment")	
***	IF an Increase or Decrease, a memo expl	laining the need or purp	ose MUST accompany am	endment form***
	Account Number		Description	Amount
то	101-052400-500320-0	Dues	& Memberships	40.00
	101-052400-500355-0		Travel	460.00
	101-052400-500356-0		Tuition	100.00
	101-052400-500435-0	Off	ice Supplies	200.00

Data Processing Equipment

101-052400-500709-0

TOTAL 2,800.00

	Account Number	Description	Amount
FROM	101-052400-500168-0	Temporary Personnel	2,800.00
		TOTAL	2,800.00

This transfer will eliminate small shortages in some accounts and also replace scanners that are approximately 10 years old.

2/27/18

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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



FY 17-18

Department: Risk Management

Account: 263-58900-500599

Type o	of Amendment: (check one)		
<b>✓</b> Tran			
Decr	rease (reducing adopted budget due to u	nforeseen effect on "revenue" or "expense")	
Incre	ease (raising adopted budget due to unfo	oreseen effect on "revenue" or "expense")	
	(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	nt form***
	Account Number	Description	Amount
то	263-58900-500506	liability insurance	511.50
	200 00000 000000	, , , , , , , , , , , , , , , , , , , ,	
-+			
	-1		
		TOTAL	511.50
	Account Number	Description	Amount
FROM	263-58900-500599	other	511.50
-+			
		TOTAL	511.50
		TOTAL	311.50
Explanatio	to pay Cate Russell invoice	(Xa)	
		1 /	
22	3 20	Ex EXAM.	2 2 20
	3-18-	10 /1 ) stay 4 5	2-2-18
Signature o	of Official/Department Head/Date	Signature of County Mayor/Date	