	"CT	LF	1	
11	الاد	LL	9	
18	300	3 (	)(-	7
10		e		1

FY 18-19

Department: Hwy

		Account: 131-062000	
	of Amendment: (check one)		
-	ansfer (no overall change to adopted budg		
	crease (reducing adopted budget due to un	nforeseen effect on "revenue" or "expense")	
In	crease (raising adopted budget due to unfo	oreseen effect on "revenue" or "expense")	
Ac	Justment (correction to adopted budget due	to "grant award" or "budgetary adjustment")	
		ning the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то	131-062000-500399	Other contracted services	50,000.00
			00,000.00
		TOTAL	50,000.00
	A		
	Account Number	Description	Amount
FROM	131-062000-500404	Asphalt	50,000.00
-			
		TOTAL	50,000.00
Explanati	on: Striping and guardrail repair due		30,000.00
	Striping and guardrain repair due	to increased paving.	
_		40	
_/			
	1011 1	11 888111	
1	Il leasen a 10	119/18 100 Min X	2-21-18
egnature	61/9/fclal/Department Head/Date	/ Signature of County Mayor/Date	
All reque	ests requiring committee approval are due to Sr. Financial.	Analyst's Office by noon on the Tuesday before the Budget Commit	tee Meeting.
			and the street

## **Budget Amendment Request**

Department: EM FY 18-19 Account: 54410 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 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** 1,0000 TO 101-54410-500 422 **TOTAL Amount Account Number** Description 101-54410-500399-0 220 C **FROM** TOTAL Explanation:

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

12-17-18

12-21-18

Department: Recovery Court FY 18-19 Account: 053200 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 Food Supplies 200,00 TO 101-053200-500422-00128 TOTAL 200.00 Amount Account Number Description Office Supplies 200.00 FROM 101-053200-500435-00128 TOTAL 200.00 Transfer of funds to Food Supplies line to purchase salad for dinner being hosted by the Blount Co Explanation: library for Blount Co Recovery Court participants December 17, 2018.

agnature of Official/Department Head/Date

12-21-18

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

FY 18-19

Department: 115

Account: 056500

18003058

Description Software	Amount 1,080.00
	1,000.00
TOTAL	1,080.00
Description	Amount
Other Contracted Services	1,080.00
TOTAL	1,080.00
	Description

<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 18-19

Department: Drug Task Force
Account: 363-054150

	Account Number	ng the need or purpose MUST accompany amendme  Description	Amount
то	363-054150-500431-0	Law Enforcement Supplies	500.0
1			
		TOTAL	500.00
T	Account Number	Description	Amount
FROM	363-054150-500453-0	Vehicle Parts	500.00
		TOTAL	500.00
Explanation:	To purchase Law Enforcement su	pplies	

\*All requests requiring committee approval are due to 5r. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

POSTED 2861

		EV 40 40	Department: Schools	1000
		FY 18-19	Account: Title II	
Type	e of Amendment: (check one)		Account.	
✓ Tra □ De □ Inc	crease (raising adopted budget due to un (correction to adopted budget due to un (correction to adopted budget due)	unforeseen effect on " Iforeseen effect on "re	venue" or "expense")	
*	***IF an Increase or Decrease, a memo expla	ining the need or purp	oose MUST accompany amendi	ment form***
	Account Number	С	Descripti <b>o</b> n	Amount
то	142-072210-500499-71901	Other S	Supplies/Materials	10,000.00
	142-072210-500524-71901	InSe	rvice/Staff Dev	53,415.46
	142-072130-500429-71901	Instru	ctional Supplies	1,000.00
			TOTAL	64,415.46
	Account Number	D	Description	Amount
FROM	142-072130-500499-71901	Other S	upplies/Materials	-10,000.00
İ	142-072130-500524-71901	InSer	rvice/Staff Dev	-53,415.46
	142-072210-500429-71901	Instruc	ctional Supplies	-1,000.00
Explanat	ion: To adjust FY18 budget to align	with state-approved or	TOTAL rept funding	-64,415.46
- Apidilat	To adjust 1 110 badget to align	with state-approved gi	antiumoning	

\*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

POST	ED
180	

FY 18-19

Department:	GPSF	
Account: 141-72620		

✓ Transf ☐ Decrea ☐ Increa ☐ Adjust	(reducing adopted budget due to se (raising adopted budget due to un ment (correction to adopted budget du	unforeseen effect on "revenue" or "expense") nforeseen effect on "revenue" or "expense") ue to "grant award" or "budgetary adjustment")	
***/	an Increase or Decrease, a memo expl	aining the need or purpose MUST accompany amenda	
	Account Number	Description	Amount
ТО	141-72620-799	other capital outle	40,500.00
	Account Number	TOTAL	40,500.00 Amount
FROM	Account Number	Description.	
	141-72620-201	Social Security	1,000.00
	141-72620-204	State Retirement	5,000.00
	141-72620-207	Health Insurance	9,000.00
	141-72620-418	Equipment &Machinery Parts	8,100.00
	141-72620-707	Building Improvements	12,400.00
	141-72620-712	HVAC	5,000.00
		TOTAL	40,500.00
Explanation:	Transfer funds for repair and/o	or replace various components on existing playground e	quipment.
Signature of O	My Lagar 11-27-18 White last Department Head/Date	Signature of County Mayor/Date	-10-18

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 18-19	Department: GPSF	ŧ
			Account: 141-72250	
Type of A	mendment: (check one)			
<b>✓</b> Transfer	(no overall change to adopted bu	dget)		
Decrease	(reducing adopted budget due to	unforeseen effect on '	"revenue" or "expense")	
Increase	(raising adopted budget due to u			
Adjustm	(correction to adopted budget de			
***IF 0	n Increase or Decrease, a memo expl	nining the need or pur	pose MUST accompany amendme	nt form***
,, ,,	Account Number		Description	Amount
	Account Number		e e e e e e e e e e e e e e e e e e e	
то				
	141-72250-471		Software	9,000.00
		-		
			TOTAL	9,000.00
			T.	
	Account Number		Description	Amount
FROM	· · · · · · · · · · · · · · · · · · ·			
	141-72250-709	Data Pro	cessing Equipment	9,000.00
	141-72250-709	Data 110	cessing Equipment	0,000.00
			TOTAL	9,000.00
			TOTAL	3,000.00
Explanation:	Transfer funds to purchase bu	is routing software.		<del>.</del>
		Xo		
			- Contractive	
			115001	
7	og 20m 11-29-18	1101	5 XXX 12-	10-18
Signature of Office	ial/Department Head/Date	Signature of C	ounty Mayor/Date	
3	T 10 M			

\*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** 

12-6-18



Department: Elections

POSTED 1800 2866

		Pi 18-19 Department.	
		Account: 51500	
Тур	e of Amendment: (check one)		
	ansfer (no overall change to adopted bu	idget)	
A COLUMN		unforeseen effect on "revenue" or "expense")	
ln	25-100-24-100-2-5-0-1-1	nforeseen effect on "revenue" or "expense")	
Ad	Justment (correction to adopted budget do	ue to "grant award" or "budgetary adjustment")	
		aining the need or purpose MUST accompany amendme	ent form***
	Account Number	Description	Amount
			3,000.00
то	101-51500-500348	Postal Charges	3,000.00
		TOTAL	3,000.00
		TOTAL	3,000.00
-	A secure Alives Is an	Description	Amount
	Account Number	Description	
FROM	101-51500-500333	Licenses	3,000.00
-			
$\neg$			
		TOTAL	3,000.00
		TOTAL	3,000.00
Explanat	Funds needed for remainder of	of fiscal year.	
		G	
0			

Signature of Official/Department Head/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 18-19

Department: County Clerks Office

		Account: 052500	
Type	of Amendment: (check one)		
	ansfer (no overall change to adopted budge	t)	
-	crease (reducing adopted budget due to unf	foreseen effect on "revenue" or "expense")	
		eseen effect on "revenue" or "expense")	
Ad	Justment (correction to adopted budget due to	o "grant award" or "budgetary adjustment")	
	***IF an Increase or Decrease, a memo explaini	ng the need or purpose MUST accompany amendme	nt form ***
	Account Number	Description	Amount
то	101~052500-500320	DUES & MEMBERSHIPS	83.00
		TOTAL	83.00
		<u> </u>	
	Account Number	Description	Amount
FROM	101-052500-500435	OFFICE SUPPLIES	83.00
_			
		TOTAL	83.00
Explanati	For 2019 County Clerk Dues		
		6	
1	1 1 1	218 / X//	5 / / (2)
×1	aux Flante 12-5		2-6-18
ignature	of Offict V Department Head/Date	Minature 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 18-19 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 \$2,400 in TO 101-54410 -"Other Sofolies e whaterials" **TOTAL** 1400 Description Amount **Account Number** 101-54410-50399 "Other Contracted Services **FROM** 400

Explanation:

Moving foods to cover cost of a very tribed system to be
assigned to Townsend Asea Valoreteer tribe system to be

Moving foods to cover cost of a very tribed system to be
assigned to Townsend Asea Valoreteer tribed system to be

Signature of Official/Department Head/Date

TOTAL 7, 400

TOTAL 7, 400

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,

1800 2817

	Budget Amendment Request			1000
				18002
		FY 18-19	Department: VETERAN	15 (
			Account: 101-058300	
Туре	e of Amendment: (check one)			
√ Tra	ansfer (no overall change to adopted but	iget)		
De	crease (reducing adopted budget due to			
	rease (raising adopted budget due to un			
Ad	justiment (correction to adopted budget du	e to "grant award" or	"budgetary adjustment")	
1	***IF an Increase or Decrease, a memo expla	ining the need or pu	pose MUST accompany amendme	nt form***
	Account Number		Description	Amount
то	711	FURNI <sup>-</sup>	TURE & FIXTURES	1,000.00
_				
			TOTAL.	4 000 00
			TOTAL	1,000.00
	Account Number		Description	Amount
FROM	508	PREMIUM ON CC	PRPORATE SURETY BONDS	100.00
	356		TUITION	300.00
	414	DUPLIC	ATING SUPPLIES	600.00
-				

TOTAL 1,000.00

Explanation:

TRANSFER TO PURCHASE NEW OFFICE CHAIRS FOR EMPLOYEES. THE CHAIRS WE HAVE ARE WORN AND UNCOMFORTABLE

THEY ARE HAND ME DOWNS FROM OTHER DEPARTMENTS

Signature of Official/Department Head/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 18-19

Department: VETERANS Account: 101-058300

✓ Tr □ De □ In	crease (raising adopted budget due to un ljustment (correction to adopted budget due	unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e 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						
	Account Number	Description					
то	334	MAINTENANCE AGREEMENTS	200.00				
_							
		TOTAL	200.00				
		TOTAL	200.00				
	Account Number	Description	Amount				
FROM	425	GASOLINE	200.00				
	120	3,13521112					
_							
		TOTAL	200.00				
Explanat	tion: SHRED IT STANDARD CONTA	AINER-SERVICE DECEMBER THRU JUNE 2018.					
	29						
=			x				
1/	1101 1011	TO XIM					
710	1100 20 12/3/18	To the to to	2-5-18				
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.



		FY 18-19	Department: Mayor	
T	of Amondments (.LL)		Account: 51300	
-	e of Amendment: (check one) ansfer (no overall change to adopted bud	d41		
	ansfer (no overall change to adopted but ecrease (reducing adopted budget due to		"royonuo" or "eynense")	
	crease (reducing adopted budget due to un			
	(correction to adopted budget due to un			
		-		
	***IF an Increase or Decrease, a memo expla	iining the need or pu		
	Account Number		Description	Amount
TO	101-051300-500599	C	Other Charges	100.00
_			<del> </del>	
			TOTAL	100.00
	Account Number		Description	Amount
FROM	101-051300-500425		Gasoline	100.00
	-			
_				
			TOTAL	100.00
Explanat	For notary insurance bond: Alic	ia Bailey; renewal: Ar	my Cowden	
	×			
	2	1 0		
Adm	too ( A. III	<u> </u>	000111	5 22
NX	KM Comple 12/3/18		Z/X dapade	1-18

\*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

#### DIOUTE COUNTY OUVERNMENT **Budget Amendment Request**

		FY 18-19 Department: Hwy Account: 131	Fluite
✓Tra □De □Inc	rease (raising adopted budget due to uni	·	180027
		ining the need or purpose MUST accompany amend	ment form***
	Account Number	Description	Amount
то	131-061000-500435	Office Supplies	1,000.00
	-500410	Custodial Supplies	1,000.00
	-500707	Building Improvements	8,426.00
		TOTAL	10,426.00
	Account Number	Description	Amount
FROM	131-061000-500307	Communications	8,000.00
	-500719	Office Equipment	2,426.00
		TOTAL	10,426.00
explanation	Move money into correct account pe purchased at this time.	nts. Communication upgrade was overestimated and	
	1 //	Motion	1

\*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 18-19

Department: Federal Projests

Account: 142-72210-xxx-61904

✓Tr □De □Inc	crease (raising adopted budget due to un ljustment (correction to adopted budget du	dget) unforeseen effect on "revenue" or "expense") iforeseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") ining the need or purpose MUST accompany amendm	ent form***
	Account Number	Description	Amount
то			
	142-72210-315-61904	Contracts with Vehicle Owners	4,000.00
	142-72210-369-61904	Contracts Substitute Teachers	1,867.00
	142-72210-524-61904	In-service Professional Development	900.00
		TOTAL	6,767.00
	Account Number	Description	Amount
FROM			
	142-72210-429-61904	Instructional Supplies	2,267.00
	142-72210-471-61904	Software	4,500.00
		Δ.	
		TOTAL	6,767.00
Explanat	Transfer funds to align with gra	nt objectives.	
	of Official/Department Head/Date	Signature of County Mayor/Date	80-18

FY 18-19

Department: Fund 264

DOCTED	
LAGITA	
800280	7

			Account:	
		ndment: (check one)	**************************************	
Transfer (no overall change to adopted budget)			dget)	91
Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				15
Inc	crease	(raising adopted budget due to un	foreseen effect on "revenue" or "expense")	
Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment")				
				- Company of the Comp
		Account Number	ining the need or purpose MUST accompany amendm	
			Description	Amount
то		264-58600-500530	Fines, Assessments, and Penalties	4,040.00
				χ
				- 115
-				-,,
			TOTAL	4,040.00
		Account Number	Description	Amount
ROM		264-58600-500507	Medical Claims	4,040.00
				4,040.00
$\rightarrow$				
_				
		N N		
-				
		0	TOTAL	4,040.00
xplanatio	on:	Hayment for 2	Olle filing of	
	to	m $720$	and many of	
	10	(15)		
27		- Al		
		-		
Λ.	0. 1	1-0	5.82111	10
gnature o	of Official/De	paltment Head/Date	Signature of Constitution 12	-3-18
	0 (		Signature of County Mayor/Date	a a
Aktoques	sts requiring	committee approval are due to Sr. Financial	Analyst's Office by noon on the Tuesday before the Budget Commi	ittee Meeting.