

FILED

FEB 26 2024

RESOLUTION 9, 2024

CITY CLERK

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF TERRE HAUTE, INDIANA:

WHEREAS, There are insufficient funds in a certain account(s) of the **Redevelopment ST RD 46 TAX ALLOCATION TIF #10 (0410-0000)** budget to meet current and anticipated expenditures within said Department, and;

WHEREAS, There are surplus funds in another account of the same budget, said Accounts being within the appropriation heretofore made for the use of said Department.

BE IT THEREFORE RESOLVED: That the following transfers be made in the Accounts heretofore appropriated for the use of said Department:

FROM: #0410-0000-03-432010	Services Contractual	\$28,267.00
TO: #0410-0000-01-412010	Director	\$22,667.00
#0410-0000-01-413020	Employer Medicare	\$ 1,433.00
#0410-0000-01-413010	Employer Social Security	\$ 333.00
#0410-0000-01-413131	Administrative Costs	\$ 3,834.00
TOTAL		\$28,267.00

Introduced by: Cheryl Loudermilk Cheryl Loudermilk, Councilman

Passed in open Council this 7 day of March, 2024.

Tammy Boland Tammy Boland, President

ATTEST: Michelle L. Edwards Michelle L. Edwards, City Clerk

Presented by me to the Mayor this 7 day of March, 2024 at 8:56pm o'clock.

Michelle L. Edwards Michelle L. Edwards, City Clerk

Approved by me, the Mayor, this 7 day of March, 2024.

Brandon C. Sakbun Brandon C. Sakbun, Mayor

ATTEST: Michelle L. Edwards Michelle L. Edwards, City Clerk

REQUEST FOR TRANSFER OF BUDGETED FUNDS

(For Approval by Mayor, Controller, and City Council)

This form is to be used when the requested transfer is between two major classifications.

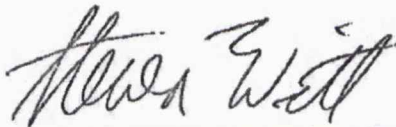
DEPARTMENT or FUND: Redevelopment TIF #10

DATE: 02/23/2024

	<u>Account #</u>	<u>Account Name:</u>	<u>Amount:</u>
FROM:	<u>0410-0000-03-432010</u>	<u>Services Contractual</u>	<u>22,667.00</u>
TO:	<u>0410-0000-01-412010</u>	<u>Director</u>	<u>22,667.00</u>
FROM:	<u>0410-0000-03-432010</u>	<u>Services Contractual</u>	<u>1,433.00</u>
TO:	<u>0410-0000-01-413020</u>	<u>Employer Medicare</u>	<u>1,433.00</u>
FROM:	<u>0410-0000-03-432010</u>	<u>Services Contractual</u>	<u>333.00</u>
TO:	<u>0410-0000-01-413010</u>	<u>Employer Social Security</u>	<u>333.00</u>
FROM:	<u>0410-0000-03-432010</u>	<u>Services Contractual</u>	<u>3,834.00</u>
TO:	<u>0410-0000-01-413131</u>	<u>Administrative Costs</u>	<u>3,834.00</u>

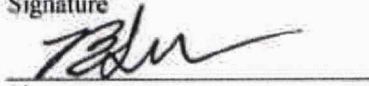
Total Amount to be Transferred: 28,267.00

Department Head Approval:
(Forward to Mayor)


Signature

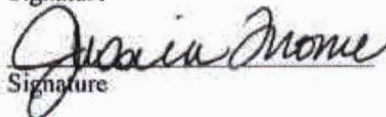
Date: 02/23/2024

Mayoral Approval:
(Forward to Controller)


Signature

Date 2/23/24

Controller Approval:
(Forward copy of approval to Department Head)


Signature

Date 2/23/24

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this resolution. Such information should include specific services or products you intend to purchase and the reason you have surplus funds in the specified accounts.