

FILED

NOV 28 2016

CITY CLERK

RESOLUTION 30, 2016

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

WHEREAS, There are insufficient funds in a certain account of the City Council 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: #421.010	\$350.00	TO: #413.040	\$350.00
Office Supplies		Employer Dental Insurance	
#432.020	\$500.00	#413.040	\$500.00
Instruction		Employer Dental Insurance	
#433.030	\$1,000.00	#413.040	\$1,000.00
Travel		Employer Dental Insurance	
#434.010	\$750.00	#413.040	\$750.00
Printing		Employer Dental Insurance	
TOTAL	\$2,600.00		\$2,600.00

Introduced by: O. Earl Elliott O. Earl Elliott, Councilman

Passed in open Council this 9th day of December, 2016.

Todd Nation Todd, Nation, President

ATTEST: Charles P. Hanley Charles P. Hanley, City Clerk

Presented by me to the Mayor this 9th day of December, 2016.

Charles P. Hanley Charles P. Hanley, City Clerk

Approved by me, the Mayor, this 9th day of DECEMBER, 2016.

Duke A. Bennett Duke A. Bennett, Mayor

ATTEST: Charles P. Hanley Charles P. Hanley, 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 City Council #0101-0004

DATE 11-18-2016

AUTHORIZED SIGNATURE

Michelle Edwards
Chief Deputy

	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
FROM:	#421.010	Office Supplies	\$350.00
TO:	#413.040	Employer Dental Insurance	\$350.00
FROM:	#432.020	Instruction	\$500.00
TO:	#413.040	Employer Dental Insurance	\$500.00
FROM:	#433.030	Travel	\$1,000.00
TO:	#413.040	Employer Dental Insurance	\$1,000.00
FROM:	#434.010	Printing	\$750.00
TO:	#413.040	Employer Dental Insurance	\$750.00
		Total Amount to Be Transferred	\$2,600.00

Mayoral Approval

(Forward to Controller)

De A. Bennett

Date

11-18-16

Controller Approval

(Forward to the Legal Department)

Leslie A. Ellis

Date

11/18/16

Date Received by Legal:

Resolution #

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