

RESOLUTION 21, 2024

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 BOARD OF PUBLIC WORKS (0007) 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: #0101-0001-01-412012	Administrative Assistant (Mayor)	\$21,000.00
TO: #0101-0007-01-413010	Employer Social Security (BOPW)	\$ 4,750.00
#0101-0007-01-413020	Employer Medicare (BOPW)	\$ 1,000.00
#0101-0007-01-413030	Employer Group Health (BOPW)	\$ 6,200.00
#0101-0007-01-413050	Employer Life Insurance (BOPW)	\$ 90.00
#0101-0007-01-413060	Employer PERF (BOPW)	\$ 8,660.00
#0101-0007-01-412250	Cell Phone (BOPW)	\$ 100.00
TOTAL		\$21,000.00

Introduced by: _____ Cheryl Loudermilk, Councilman

Passed in open Council this _____ day of _____, 2024.

_____ Tammy Boland, President

ATTEST: _____ Michelle L. Edwards, City Clerk

Presented by me to the Mayor this _____ day of _____, 2024 at _____ o'clock.

_____ Michelle L. Edwards, City Clerk

Approved by me, the Mayor, this _____ day of _____, 2024.

_____ Brandon C. Sakbun, Mayor

ATTEST: _____ Michelle L. Edwards, City Clerk



City of Terre Haute

City Hall, 17 Harding Avenue, Terre Haute, Indiana 47807

MEMORANDUM

TO: City Council

FROM: Mayor Sakbun

DATE: July 29, 2024

RE: *Transfer of Budgeted Funds*

I am requesting to transfer funds from the Mayor's budget to the Board of Public Works budget in the amount of \$21,000 for the Board of Public Works Director's employer benefits.

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: General Fund

DATE: 7/29/24

	<u>Account #</u>	<u>Account Name:</u>	<u>Amount:</u>
FROM:	<u>0101-0001-01-412012</u>	<u>Administrative Assistant</u>	<u>4,750.00</u>
TO:	<u>0101-0007-01-413010</u>	<u>Employer Social Security</u>	<u>4,750.00</u>
FROM:	<u>0101-0001-01-412012</u>	<u>Administrative Assistant</u>	<u>1,200.00</u>
TO:	<u>0101-0007-01-413020</u>	<u>Employer Medicare</u>	<u>1,200.00</u>
FROM:	<u>0101-0001-01-412012</u>	<u>Administrative Assistant</u>	<u>6,200.00</u>
TO:	<u>0101-0007-01-413030</u>	<u>Employer Group Health</u>	<u>6,200.00</u>
FROM:	<u>0101-0001-01-412012</u>	<u>Administrative Assistant</u>	<u>90.00</u>
TO:	<u>0101-0007-01-413050</u>	<u>Employer Life Insurance</u>	<u>90.00</u>

Total Amount to be Transferred:

(Cont.) ->

Department Head Approval:
(Forward to Mayor)

[Signature] Date: 7/29/24
Signature

Mayoral Approval:
(Forward to Controller)

[Signature] Date: 7/29/24
Signature

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

[Signature] Date: 7/29/24
Signature

Received by City Legal:

Resolution # _____

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.

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: _____

DATE: _____

	<u>Account #</u>	<u>Account Name:</u>	<u>Amount:</u>
FROM:	<u>0101-0001-01-412012</u>	<u>Administrative Assistant</u>	<u>8,660.00</u>
TO:	<u>0101-0007-01-413060</u>	<u>Employer PERF</u>	<u>8,660.00</u>

FROM:	<u>0101-0001-01-412012</u>	<u>Administrative Assistant</u>	<u>100.00</u>
TO:	<u>0101-0007-01-412250</u>	<u>Cell Phone</u>	<u>100.00</u>

FROM: _____

TO: _____

FROM: _____

TO: _____

Total Amount to be Transferred: 21,000.00