RESOLUTION 21, 2024

CITY CLERK

\$21,000.00

\$ 4,750.00

\$ 1,000.00

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:

Administrative Assistant (Mayor)

Employer Medicare (BOPW)

Employer Social Security (BOPW)

FROM: #0101-0001-01-412012

TO:

#0101-0007-01-413010

#0101-0007-01-413020

	#0101-0007-01-413030 #0101-0007-01-413050 #0101-0007-01-413060 #0101-0007-01-412250	Employer Group Health Employer Life Insurance Employer PERF (BOPW Cell Phone (BOPW)	(BOPW) S	\$ 6,200.00 \$ 90.00 \$ 8,660.00 \$ 100.00			
TOTAL				521,000.00			
Introduced by: Cheryl Houdermilk, Councilman							
Passed in	n open Council this <u>5</u> th	day of <u>Septem</u>	ber	, 2024.			
	Lammy	Boland	Tammy B	oland, President			
ATTEST	Emmy 1: Michelle	L'Edward	Michelle L.	. Edwards, City Clerk			
Presente at 7 2	d by me to the Mayor thiso'clock.	54b day of Sep	tember	, 2024			
-	michelle,	Ledwards	_ Michelle L.	. Edwards, City Clerk			
Approve	d by me, the Mayor, this	54b day of Sep	Hember	, 2024.			
		La de la companya della companya della companya de la companya della companya del					
ATTEST	: Yhichelle	Lelward	_ 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.

DEPART	MENT or FUND: Gunu	al Fund	***************************************			
DATE:	7/29/24					
FROM: TO:	Account # 0101-0001-01-412012 0101-0007-01-413010	Administrative Assistant Employer Social Security	Amount: 4,750.00 4,750.00			
FROM: TO:	0101-0001-01-412012	Administrative Assistant Employer Medicare	1,000.00			
FROM: TO:	0101-0001-01-413030	Administrative Assistant Employer Group Health	6,200.00			
FROM: TO:	0101-0001-01-412012	Administrative Assistant Employer life Insurance	90.00			
		Total Amount to be Transferred:	(Cont.) ->			
Department Head Approval: Date: 7/21/24						
(Forward to M	flayor) Signatu	ire I log /	2.1			
Mayoral Ap		Date 7/24/	24			
Controller A		prin Mome Date 7/29/24				
Received by	y 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.

DEPART	MENT or FUND:		
DATE:			
FROM: TO:	Account # 0[0]-000]-01-412012- 0101-0007-01-413060	Administrative Assistant Employer RERE	8,660.00 8,660.00
FROM: TO:	0101-0001-01-412012	Administrative Assistant Cell Phone	100.00
FROM: TO:			
FROM: TO:			
		Total Amount to be Transferred:	21,000.00