

FILED

JUL 15 2025

CITY CLERK

RESOLUTION 18, 2025

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 **Clerk N/R Document Perpetuation** 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: #0236-0026-01-412015	Part Time Employees	\$650.00
TO: #0236-0026-04-444030	Purchase of Computer Equipment	\$650.00
TOTAL		\$650.00

Introduced by: _____ Cheryl Loudermilk, Councilman

Passed in open Council this _____ day of _____, 2025.

_____ Todd Nation, President

ATTEST: _____ Michelle L. Edwards, City Clerk

Presented by me to the Mayor this _____ day of _____, 2025
at _____ o'clock.

_____ Michelle L. Edwards, City Clerk

Approved by me, the Mayor, this _____ day of _____, 2025.

_____ Brandon C. Sakbun, Mayor

ATTEST: _____ 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: City Clerk Perpetuation 0236-0026

DATE: _____

	<u>Account #</u>	<u>Account Name:</u>	<u>Amount:</u>
FROM:	<u>01-412105</u>	<u>Part Time Employees</u>	<u>\$650.00</u>
TO:	<u>04-444030</u>	<u>Purchase of Computer Equipment</u>	<u>\$650.00</u>
FROM:	_____	_____	_____
TO:	_____	_____	_____
FROM:	_____	_____	_____
TO:	_____	_____	_____
FROM:	_____	_____	_____
TO:	_____	_____	_____

Total Amount to be Transferred: \$650.00

Department Head Approval:
(Forward to Mayor)

Michelle L Edwards
Signature

Date: 6-25-2025

Mayoral Approval:
(Forward to Controller)

[Signature]
Signature

Date 7/15/2025

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

[Signature]
Signature

Date 7/15/25

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.

Revised November 2021