

FILED

JUL 15 2025

RESOLUTION 19, 2025

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 **General Fund of City Clerk** 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: #0101-0002-01-412015 Deputy City Clerks \$5,000.00

TO: #0101-0002-03-432010 Services Contractual \$5,000.00

**TOTAL \$5,000.00**

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 0101-0002

DATE: \_\_\_\_\_

	<u>Account #</u>	<u>Account Name:</u>	<u>Amount:</u>
FROM:	<u>01-412015</u>	<u>Deputy City Clerks</u>	<u>\$5,000.00</u>
TO:	<u>03-432010</u>	<u>Services Contratual</u>	<u>\$5,000.00</u>
FROM:	_____	_____	_____
TO:	_____	_____	_____
FROM:	_____	_____	_____
TO:	_____	_____	_____
FROM:	_____	_____	_____
TO:	_____	_____	_____

Total Amount to be Transferred: \$5,000.00

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)

Janina Anome  
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