

FILED

DEC 14 2011

APPROPRIATION NO. 31, 2011**CITY CLERK**

AN ORDINANCE TO APPROPRIATE ADDITIONAL SUMS OF MONEY FOR EXPENSES INCURRED DURING THE YEAR 2011.

WHEREAS, it has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget; now, therefore:


BE IT ORDAINED by the Common Council of the City of Terre Haute, Vigo County, Indiana, that for the expenses of said municipal corporation the following additional sums of money are hereby appropriated and ordered set apart out of the several funds herein named and for the purposes herein specified, subject to the laws governing the same:

		<u>AMOUNT REQUESTED</u>	<u>AMOUNT APPROPRIATED</u>
FROM:	EMS Non-Reverting #0270-0027	\$654,970.00	\$654,970.00
TO:	Asst. Fire Chief #01-412.043	\$ 3,305.00	\$ 3,305.00
TO:	EMS Billing Clerk #01-412.089	\$ 666.00	\$ 666.00
TO:	Longevity #01-412.090	\$ 2,000.00	\$ 2,000.00
TO:	Sick Day Pay Out #01-412.102	\$ 2,000.00	\$ 2,000.00
TO:	EMS Specialty #01-412.108	\$ 19,000.00	\$ 19,000.00
TO:	Asst. Chief of EMS #01-412.127	\$ 3,216.00	\$ 3,216.00
TO:	Employer Group Health Ins. #01-413.030	\$ 13,000.00	\$ 13,000.00
TO:	Employer Dental Ins. #01-413.040	\$ 1,200.00	\$ 1,200.00
TO:	Employer Police & Fire Retirement #01-413.080	\$ 25,000.00	\$ 25,000.00
TO:	Repair Supplies #02-423.015	\$ 32,000.00	\$ 32,000.00
TO:	Bottled Gas #02-422.060	\$ 6,000.00	\$ 6,000.00
TO:	Lease of Rescue Equipment #04-444.121	\$547,583.00	\$547,583.00
	TOTAL	\$654,970.00	\$654,970.00


Introduced by:  George Azar, Councilman

Passed in open Council this 28th day of December, 2011.

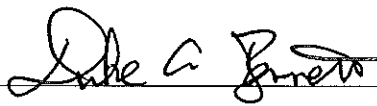
 John Mullican, President


ATTEST:  Charles P. Hanley, City Clerk

Presented by me to the Mayor this 29th day of December, 2011.

 Charles P. Hanley, City Clerk

Approved by me, the Mayor, this 29th day of DECEMBER, 2011.

 Duke A. Bennett, Mayor

ATTEST:  Charles P. Hanley, City Clerk

REQUEST FOR ADDITIONAL APPROPRIATION

(For Approval by Mayor, Controller, and City Council)

This form is to be used when a department needs additional monies for a depleted line item or account. This form is also used for appropriations required by certain N/R accounts.

If a Department has sufficient monies in other line items to cover the funds needed in the depleted line item, a transfer of those monies should be made rather than an appropriation of new money.

DEPARTMENT or FUND EMS Non-Reverting DATE 12/12/11

FUND FROM WHICH APPROPRIATION IS TO BE MADE EMS Non-Reverting
(0270-0027)

	<u>Dept or Fund</u>	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
TO:	<u>0270-0027</u>	<u>01-412.043</u>	<u>ASST. Fire Chief</u>	<u>\$ 3,305.00</u>
TO:	<u>0270-0027</u>	<u>01-412.089</u>	<u>EMS Billing Clerk</u>	<u>\$ 666.00</u>
TO:	<u>0270-0027</u>	<u>01-412.090</u>	<u>Longevity</u>	<u>2,000.00</u>
TO:	<u>0270-0027</u>	<u>01-412.102</u>	<u>Sick Day Pay Out</u>	<u>\$ 2,000.00</u>
TO:	<u>0270-0027</u>	<u>01-412.108</u>	<u>EMS Specialty</u>	<u>19,000.00</u>
TO:	<u>0270-0027</u>	<u>01-412.127</u>	<u>ASST. Chief of EMS</u>	<u>\$ 3,216.00</u>
TO:	<u>0270-0027</u>	<u>01-413.030</u>	<u>Employer Group Health Ins</u>	<u>13,000.00</u>
TO:	<u>0270-0027</u>	<u>01-413.040</u>	<u>Employee Dental Ins</u>	<u>\$ 1,200.00</u>

Total Amount to Be Appropriated \$ See next page

Department Head Approval:
(Forward to Mayor)

Signature

Date: 12-12-11

Mayoral Approval:
(Forward to Controller)

Signature

Date 12-12-11

Controller Approval:
(Forward to Legal)

Signature

Date 12/12/11

Received by Legal:

Date

Appropriation # 31

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this appropriation. Such information should include the specific services or products you intend to purchase.

REQUEST FOR ADDITIONAL APPROPRIATION

(For Approval by Mayor, Controller, and City Council)

This form is to be used when a department needs additional monies for a depleted line item or account. This form is also used for appropriations required by certain N/R accounts.

If a Department has sufficient monies in other line items to cover the funds needed in the depleted line item, a transfer of those monies should be made rather than an appropriation of new money.

DEPARTMENT or FUND EMS N/R DATE 12/12/11

FUND FROM WHICH APPROPRIATION IS TO BE MADE EMS N/R

<u>Dept or Fund</u>	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
TO: <u>0270-0027</u>	<u>01-413.080</u>	<u>Employer Police</u> <u>+ Fire Retirement</u>	<u>\$ 25,000.00</u>
TO: <u>0270-0027</u>	<u>02-423.015</u>	<u>Repair Supplies</u>	<u>\$ 32,000.00</u>
TO: <u>0270-0027</u>	<u>02-422.060</u>	<u>Bottled Gas</u>	<u>\$ 6,000.00</u>
TO: <u>0270-0027</u>	<u>04-444.121</u>	<u>Lease of Rescue Equip.</u>	<u>\$ 547,583.00</u>
Total Amount to Be Appropriated			<u>\$ 654,970.00</u>

Department Head Approval: _____ Date: _____
(Forward to Mayor) Signature

Mayoral Approval: _____ Date: _____
(Forward to Controller) Signature

Controller Approval: _____ Date: _____
(Forward to Legal) Signature

Received by Legal: _____ Appropriation # _____
Date

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this appropriation. Such information should include the specific services or products you intend to purchase.