## **CITY CLERK**

## **APPROPRIATION NO. 19, 2012**

AN ORDINANCE TO APPROPRIATE SUMS OF MONEY DURING THE YEAR 2012.

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 sum of money is hereby appropriated and ordered set apart out of the funds herein named and for the purposes herein specified, subject to the laws governing the same:

	-		
FROM:	#0201-0018 MVH General	AMOUNT <u>REQUESTED</u> \$36,000.00	AMOUNT <u>APPROPRIATED</u> \$36,000.00
TO:	#0201-0018-01-413.030 Employer Group Health Ins.	\$36,000.00	\$36,000.00
	TOTAL /	\$36,000.00	\$36,000.00
Introduced by	: h Will	John N	Aullican, Councilman
Passed in ope	en Council this day of	December, 2	2012.
	Honny	Don Mo	orris, President
ATTEST:	Centro Cffmly	Charles P. Hanley	, City Clerk
Presented by	me to the Mayor thisUMh	_ day of <u>Decem</u>	<u>blt</u> , 2012.
	Plealed Hand	Charles P. Han	ley, City Clerk
Approved by	me, the Mayor, this day of	of DECEMBER	_, 2012.
	She a gra	Duke A. Benne	tt, Mayor
attest: 🗸	Ands Hanky	Charles P. Hanley	, City Clerk

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## REQUEST FOR ADDITIONAL APPRO

(For Approval by Mayor, Controller, and City

This form is to be used when a department needs additional monie: account. This form is also used for appropriations required by cert

If a Department has sufficient monies in other line items to cover to depleted line item, a transfer of those monies should be made rathe money.

Please	& have
mayor	Sign then
give to	Signl.
Th	ands!
	- LE

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DEPA	ARTMENT or FUND_	0201 0018	MVH	<del></del>	~0
FUNI	FROM WHICH APP	PROPRIATION	I IS TO BE MADE _	MVH General	<del></del>
	Dept or Fund	Account #	Account Name		<u>Amount</u>
TO:	0201-0018 MVH	01-413.030	Employer Group He	ealth Insurance	\$_36,000
TO:	· · · · · · · · · · · · · · · · · · ·		·		\$
TO;				· · · · · · · · · · · · · · · · · · ·	\$
TO:			- <del> </del>		\$
		Total	Amount to Be App	ropriated	\$_36,000
	tment Head Approval:	Signature	ly Mill	Date: Octobe	r 25, 2012
	ral Approval: vard to Controller)	Signature	C &	Date	-29-12
	oller Approval: ard to Legal)	Signature	a. Elli	Date ID	25/12
Recei	ved by Legal:	Date		_ Appropriatio	n#
appro	ARTMENT HEAD, P printipm, Suchinford d to purchase.	leage attacil a diatrom/should	<b>经产品的基件等数据等的研究</b>	New letter of the Deliver	ducis you )
				OCT 2 9 2012	Revised July 2010

I received notice from the Controller that the Employer's Group Health line item would be \$36,000 short by year end. She requested that I appropriate funds to cover that deficit.

## **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_		0201 0018	B MVH DATE October 25		ctober 25, 2012
FUNI	O FROM WHICH APP	ROPRIATION	I IS TO BE MADE _	MVH General	
	Dept or Fund	Account #	Account Name		<u>Amount</u>
TO:	0201-0018 MVH	01-413.030	Employer Group He	ealth Insurance	\$_36,000
TO:					\$
TO:					\$
TO:					\$
		Total	Amount to Be App	ropriated	\$ 36,000
Department Head Approval: (Forward to Mayor)		Signature		Date: Octobe	r 25, 2012
Mayoral Approval: (Forward to Controller)		Signature		Date	
Controller Approval: (Forward to Legal)		Signature		Date	
Received by Legal:		Date		Appropriatio	n #

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.