RESOLUTION 38, 2017

CITY CLERK

\$5,300.00

\$5,300.00

\$ 350.00

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF TERRE HAUTE, INDIANA:

WHEREAS, There are insufficient funds in a certain account of the City Clerk budget to meet current and anticipated expenditures within said Department, and;

Office Supplies (Clerk)

Emp. Group Health (Clerk)

Copy Machine Supplies (Clerk)

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: #0101-0002-02-421.010

FROM: #0101-0002-02-421.020

#0101-0002-01-413.030

TO:

FROM: #0101-0002-04-444.040		Purch of Office Equip (Cle	rk) \$1,800.00		
TO:	#0101-0002-03-434.030	Pub of Legal Notices (Cleri	k) \$2,150.00		
TOTA	L		\$7,450.00		
Introduced by: O. Gal Goldto O. Earl Elliott, Councilman					
Passed in oper	n Council-this	y of <u>December</u>	, 2017.		
,		Karrur	m Nasser, President		
ATTEST:	Myles PHerry	Charl	les P. Hanley, City Clerk		
Presented by r	ne to the Mayor this	h day of <u>December</u>	, 2017.		
	Mulo PHa	nlyCharl	les P. Hanley, City Clerk		
Approved by 1	ne, the Mayor, this	<u> It</u> day of <u>DECEN</u>	<u>364</u> , 2017.		
		& a Bur	Duke A. Bennett, Mayor		
ATTEST (who PHank	Charl	es P. Hanley, 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:	12/6/2017				
	Account #	Account Name		Amount	
FROM:	Office Supplies	0101-0002-02-421.010		\$5,300.00	
то:	Emp. Group Health	0101-0002-01-413.030		\$5,300.00	
FROM:	Copy Machine Sup	0101-0002-02-421.020		\$350.00	
TO:	Pub of Legal Notices	0101-0002-03-434.030		\$350.00	
FROM;	Purch of Office Equip	0101-0002-04-444.040		\$1,800.00	
TO:	Pub of Legal Notices	0101-0002-03-434.030		\$1,800.00	
FROM:				\$	
TO:				\$	
		Total Amount to Be Transfe	rred	<u> </u>	
Department He (Forward to M	ead Approval: \(\frac{\fint}{\fint}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\fir}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f	ichellelwerob :	Date:	12-6-17	
Mayoral Appro			Date:		
Controller App (Forward to the	proval: Solution (1)	die a. Ellis	Date:	12/7/17	
Received by L	egal:	1	Resolut	ion#38	

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this resolution. Such information should include the specific services or products you intend to purchase and the reason you have surplus funds in the specified accounts.