FINANCE COMMITTEE

AUTHORIZING SIGNATURE: DEPARTMENT: Knox County Property Assess

XC Chris Callwell

DATE: 25-Jan-18

The following line-item budget transfer is requested in the budget for PROJECT TASK TINI 1018310 1018310 EXPENSE ACCOUNT 518600 Part Time 530700 TMA FROM TOTALS \$ 64,536.82 \$ AMOUNT FROM 20,700.00 43,836.82 \$ TO 64,536.82 (TOTALS MUST EQUAL) 43,836.82 20,700.00 1018310 1018310 520 700 Benefits-Full Time EXPENSE ACCOUNT 518900 Full Time ō PROJECT TASK

TRANSFER OF FUNDS CHAIRMAN, FINANCE COMMITTEE/SCHOOL BOARD	AVAILABILITY OF FUNDS  DIRECTOR OF FWANCE  APPROVED FOR	APPROVED:  COUNTY MAYOR/SCHOOL SUPERINTENDENT  APPROVED AS TO	I his is to fund benefits only for a full time position.	THE PROPERTY OF THE PROPERTY O
2/26/18	1/29/18 DATE	2/6/18 DATE	position.	

REMARKS/JUSTIFICATION FOR REQUEST;

APPROVED:  COUNTY MAYOR/SCHOOL SUPERINTENDENT  APPROVED AS TO AVAILABILITY OF FUNDS  DIRECTOR OF FINANCE  APPROVED FOR  TRANSFER OF FUNDS  CHARMAN, FINANCE COMMITTEE/SCHOOL BUT	REMARKS/JUSTIFICATION FOR REQUEST: Funding increase in hours for one position by decreasing hours in another							1015145 518900 Full Time Regular	AC	TASK UNIT EXPENSE	The following line-item budget transfer is requested in the budget for:	AUTHORIZING SIGNATURE:	DEPARTMENT: Sr. Services
OL SUPERINTENDENT		TOTALS \$ 5,9						€9		NAME	in the budget for:	1 Snord	
		5,937.40 \$ 5,937.40 (TOTALS MI						5,937.40 \$ 5,937.40 1015148	TO	TNUCAMO TNUC			DATE: 23-Jan-1
DATE 2/26/18  DATE 2/26/18		(TOTALS MUST EQUAL)						$\overline{}$	ACCOUNT	ā			18
								7	PROJECT			•	

AVAILABILITY OF FUNDS  APPROVED FOR  TRANSFER OF FUNDS  C	APPROVED: APPROVED AS TO	REMARKS/JUSTIFICATION FOR REQUEST:	·		1015421	<del>                                     </del>	PROJECT INIT	The following line-iter	AUTHORIZING SIGNATURE	DEPARTMENT:
	COUNTY MAYOR	ICATION FOR F			121 518900	<del>                                     </del>	TROM	n budget transfer i	GNATURE:	Health Department
DIRECTOR OF FINANCE  CHAIRMAN, FINANCE COMMUTEE/SCHOOL BUARD		EQUEST:	TOTALS		Full Time Regular	NAME		The following line-item budget transfer is requested in the budget for:	my blu	rtment
OOL BOARD		Funding Health Planner	3,994.06		3,994.06	FROM		get for:	• • • •	•
		h Planner	3,994.06		3,994.06	TO				DATE:
			3,994.06 (TOTALS MUST EQUAL)		1015463	UNIT				1/23/2018
			ST EQUAL)		518900	EXPENSE ACCOUNT				
1/29/18 DATE  2/26/18	2/6//8 DATE				Full Time Regular	NAME	ТО			
					1 101	PROJECT				

BOARD OF COMMISSIONERS

APPROVED:  APPROVED AS TO APPROVED AS TO DIRECT  AVAILABILITY OF FUNDS  APPROVED FOR TRANSFER OF FUNDS  COMMI	REMARKS/JUSTIFICATI			DEPARTMENT: Enginer AUTHORIZING SIGNATURE: The following line-item budget t PROJECTI UNIT EXPENTAGEOUT TO STORY THE STORY TO STORY THE STORY TO STORY THE ST
APPROVED:  COLUNIX MAYOR/SCHOOL SUPERINTENDENT APPROVED AS TO AVAILBILITY OF FUNDS DIRECTION OF FINANCE  APPROVED FOR TRANSFER OF FUNDS COMMISSION CHAIRMAN/SCHOOL BOARSI	REMARKS/JUSTIFICATION FOR REQUEST: This transfer is needed to cover negative balance in Hwy Admin Travel and to fund future travel for E&PW Director.			AUTHORIZING SIGNATURE:  Dwight Van de Vijde  The following line-item budget transfer is requested in the budget for:  FROM PROJECT UNIT EXPENSE NAME ACCOUNT NAME 1310410 539900 Engg - Oth Prof Svcs
TENDENT	3,000.00   \$ 3,00		· c	AMOUNT AM FROM \$ 3,000.00 \$
	3,000.00 (TOTALS MUST EQUAL)  re travel for E&PW Director.			8-Jan-18  TO UNIT EXPENSE TO ACCOUNT ACCOUNT 3,000.00 1310110 535500 Hwy. Admin.
2/6/18  DATE //8/18  DATE 2/26/18				TO  NAME PROJECT  TASK  W. Admin Emp Travel na