

TO: FINANCE COMMITTEE

DEPARTMENT: Knox County Property Assessor

AUTHORIZING SIGNATURE: James Kelly

DATE: 25-Jan-18

XL Chris Caldwell
2-27-18

The following line-item budget transfer is requested in the budget for:

PROJECT TASK	UNIT	FROM		TO					
		EXPENSE ACCOUNT	NAME	AMOUNT FROM	AMOUNT TO	UNIT	EXPENSE ACCOUNT	NAME	PROJECT TASK
	1018310	518600	Part Time	43,836.82	\$ 43,836.82	1018310	518900	Full Time	
	1018310	530700	TMA	20,700.00	20,700.00	1018310	520700	Benefits-Full Time	
TOTALS				\$ 64,536.82	\$ 64,536.82	(TOTALS MUST EQUAL)			

REMARKS/JUSTIFICATION FOR REQUEST: This is to fund benefits only for a full time position.

APPROVED: [Signature]
COUNTY MAYOR/SCHOOL SUPERINTENDENT

DATE: 2/9/18

APPROVED AS TO AVAILABILITY OF FUNDS: [Signature]
DIRECTOR OF FINANCE

DATE: 1/29/18

APPROVED FOR TRANSFER OF FUNDS: [Signature]
CHAIRMAN, FINANCE COMMITTEE/SCHOOL BOARD

DATE: 2/26/18

TO: FINANCE COMMITTEE

DEPARTMENT: Sr. Services

DATE: 23-Jan-18

AUTHORIZING SIGNATURE:



The following line-item budget transfer is requested in the budget for:

FROM				TO					
PROJECT TASK	UNIT	EXPENSE ACCOUNT	NAME	AMOUNT FROM	AMOUNT TO	UNIT	EXPENSE ACCOUNT	NAME	PROJECT TASK
	1015145	518900	Full Time Regular	\$ 5,937.40	\$ 5,937.40	1015148	518900	Full Time Regular	
				TOTALS \$	5,937.40	\$	5,937.40	(TOTALS MUST EQUAL)	

REMARKS/JUSTIFICATION FOR REQUEST:

Funding increase in hours for one position by decreasing hours in another

APPROVED:

COUNTY MAYOR/SCHOOL SUPERINTENDENT

DATE: 2/1/18

APPROVED AS TO AVAILABILITY OF FUNDS

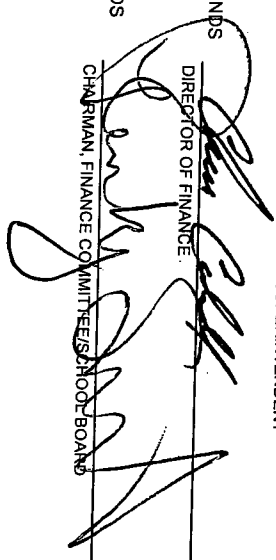
DIRECTOR OF FINANCE

DATE: 1/25/18

APPROVED FOR TRANSFER OF FUNDS

CHAIRMAN, FINANCE COMMITTEE/SCHOOL BOARD

DATE: 2/26/18



TO: FINANCE COMMITTEE

DEPARTMENT: Health Department

DATE: 1/23/2018

AUTHORIZING SIGNATURE:



The following line-item budget transfer is requested in the budget for:

FROM				TO					
PROJECT TASK	UNIT	EXPENSE ACCOUNT	NAME	AMOUNT FROM	AMOUNT TO	UNIT	EXPENSE ACCOUNT	NAME	PROJECT TASK
	1015421	518900	Full Time Regular	3,994.06	3,994.06	1015463	518900	Full Time Regular	
TOTALS				3,994.06	3,994.06	(TOTALS MUST EQUAL)			

REMARKS/JUSTIFICATION FOR REQUEST: Funding Health Planner

APPROVED:



COUNTY MAYOR

DATE: 2/1/18

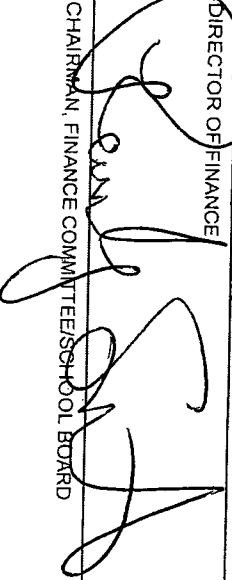
APPROVED AS TO AVAILABILITY OF FUNDS



DIRECTOR OF FINANCE


DATE: 1/23/18

APPROVED FOR TRANSFER OF FUNDS



CHAIRMAN, FINANCE COMMITTEE SCHOOL BOARD

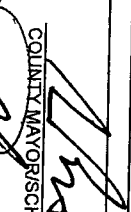
DATE: 2/26/18


TO: BOARD OF COMMISSIONERS
 DEPARTMENT: Engineering & Public Works
 AUTHORIZING SIGNATURE:  8-Jan-18


The following line-item budget transfer is requested in the budget for:

PROJECT	UNIT	FROM		TO		PROJECT TASK			
		EXPENSE ACCOUNT	NAME	AMOUNT	AMOUNT		UNIT	EXPENSE ACCOUNT	NAME
na	1310410	539900	Engg - Oth Prof Svcs	\$ 3,000.00	\$ 3,000.00	1310110	535500	Hwy. Admin. - Emp Travel	na
				\$ 3,000.00	\$ 3,000.00	TOTALS MUST EQUAL			

REMARKS/JUSTIFICATION FOR REQUEST:
 This transfer is needed to cover negative balance in Hwy Admin Travel and to fund future travel for EAPW Director.

APPROVED:  COUNTY MAYOR/SCHOOL SUPERINTENDENT
 DATE: 2/6/18

APPROVED AS TO AVAILABILITY OF FUNDS:  DIRECTOR OF FINANCE
 DATE: 1/29/18

APPROVED FOR TRANSFER OF FUNDS:  COMMISSION CHAIRMAN/SCHOOL BOARDS
 DATE: 2/26/18