

Joann Bury

Requestor 07/24/2017

Date

RCA Request for Council Action	
SUBJECT AND PURPOSE INFORMATION	

Mid-year payroll and benefit budget transfers

Please describe nature of action required or communication, etc.) in detail.	uested (type of legislation requested	; nature of agreement, amendment,
Street address, City, ST, ZIP Code (if ap	oplicable, i.e., contracts, agreements	s, etc.)
Type of Request		
Discussion Item on Agenda	n Agenda Ordinance 🗸 Motion Resolution	
Resolution	Statutory Resolution	Previous Related Legislation
l w	aiver Eme	rgency
Funding. If Supplemental Needed [Ac	count Number and Name]	
Amount		
Amount		E
From the unappropriated, unencumb	ered balance of the	Fund
To Account No.	To Account Name	
Funding. If Already Appropriated [Ac	count Number and Name]	
Amount		
Account No.	Account Name	
Funding. If Transfer Needed [attach p	age 2 transfer table]	
*Attach additional documentation, if	applicable.	
Page 2 attachment for budget/f	und transfers	
Approved by Finance		

AMOUNT	FROM ACCT. NAME	ACCOUNT NO.	TO ACCOUNT NAME	ACCOUNT NO.
\$ 45,825	Police Lt & Sgt	101.211.5102	Police Officers	101.211.5109
\$ 15,765	Police Health Ins	101.211.5133	Police Dental	101.211.5135
\$ 16,855	Police Health Ins	101.211.5133	Dispatch Health Ins	101.221.5133
\$ 4,945	Police Health Ins	101.211.5133	Dispatch Dental	101.221.5135
\$ 5,005	Public Information Intern	101.124.5114	Public Information Part-Time	101.124.5111
\$ 3,570	Parks Deputy Director	101.431.5102	HRP Health Ins	101.438.5133
\$ 5,900	Parks Deputy Director	101.431.5102	GSC Health Ins	101.440.5133

Page 2: Budget/Fund Transfers Table