

ORDINANCE/RESOLUTION REQUEST DATA SHEET

This data sheet must be completed in full. Attach any additional information or sheets.

DEPARTMENT NAME: Extension Svc & Health Dept **DEPT. NO.** 0801/0300 **FUND NO.** 1000

DATE OF THIS REQUEST: November 3, 2016 **Sponsored by:** Tom Allen

INDICATE TYPE(S) OF REQUEST:

- A. Transfer of funds between categories in this department and fund
- B. Appropriate additional monies to this department/fund from unappropriated monies in that fund
- C. Transfer of funds from one fund to another fund
- D. Create a new expenditure department or line item
- E. Salaries for added personnel or upgrade of personnel through JESAP
- F. Other, i.e. **Resolution** etc.

GIVE A FULL AND COMPLETE EXPLANATION AND PURPOSE OF THIS REQUEST: (This information will be used to draft an Ordinance/Resolution to be submitted for consideration by the Quorum Court)

This request is to appropriate funds for telephone overages in Extension Service & Health Department.

TRANSFER OF FUNDS:

		<u>Account Title</u>			<u>Account Title</u>
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____	<u>See Attached</u>
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____	_____

APPROPRIATE ADDITIONAL FUNDS:

		<u>Account Title</u>
ACCT NO. _____	AMOUNT _____	<u>See Attached</u>

TRANSFER OF FUNDS: (From one Fund to Another Fund):

Fund No. _____ to Fund No. _____ Amount: _____ Acct No. _____

ADD PERSONNEL TO THE SAME JOB DESCRIPTION or create new job: From Personnel Committee/JESAP action

No. Added or New Job	Job Title
_____	_____
_____	_____

SIGNED: BY Brenda Guenther FOR Tom Allen (Elected Official/Department Head)

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For Office Use Only:

Date Received: _____ **Date submitted to Committee of the Whole:** _____

Committee meeting date at which this request will be considered: _____

Committee action: _____ **Do Pass (forward to Quorum Court for consideration)**
_____ **Review on** _____ **date**

Benton County

Acct #	Account Description	Orig or Adj Approp	Transfer or Add. Approp	New Approp Amount
Health Dept				
1000-0300-3020	Telephone & Fax Line	17,500.00	5,000.00	22,500.00
Extension Service				
1000-0801-3020	Telephone & Fax Line	5,300.00	2,500.00	7,800.00