

RESOLUTION 16, 2023

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

WHEREAS, There are insufficient funds in a certain account(s) of the General Fund budget to meet current and anticipated expenditures within said Department, and;

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: #0101-0004-03-432080	Legal Services (Council)	\$4,000.00
TO: #0101-0004-01-413030	Group Health Employer (Council)	\$4,000.00

TOTAL **\$4,000.00**

Introduced by: _____ Cheryl Loudermilk, Councilman

Passed in open Council this _____ day of _____, 2023.

_____ Curtis DeBaun, President

ATTEST: _____ Michelle L. Edwards, City Clerk

Presented by me to the Mayor this _____ day of _____, 2023.

_____ Michelle L. Edwards, City Clerk

Approved by me, the Mayor, this _____ day of _____, 2023.

_____ Duke A. Bennett, Mayor

ATTEST: _____ Michelle L. Edwards, 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 Council (0101-0004)

DATE: 11/16/23

	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
FROM:	<u>03-432080</u>	<u>Legal Services</u>	\$ <u>4,000.00</u>
TO:	<u>01-413030</u>	<u>Group Health Employer</u>	\$ <u>4,000.00</u>
FROM:	_____	_____	\$ _____
TO:	_____	_____	\$ _____
FROM:	_____	_____	\$ _____
TO:	_____	_____	\$ _____
FROM:	_____	_____	\$ _____
TO:	_____	_____	\$ _____

Total Amount to Be Transferred \$ 4,000.00

Department Head Approval: _____ Date: _____
(Forward to Mayor) Signature

Mayoral Approval: _____ Date: _____
(Forward to Controller) Signature

Controller Approval: Leslie A. Ellis Date: 11/16/23
(Forward to the Legal Department)

Received by Legal: _____ Resolution # _____
Date

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.