BUDGET CHANGE REQUEST FORM

☐ AMENDMENT ☐ LINE TRANSFER

CITY OF LINDSAY P O BOX 708, LINDSAY, OK 73052 405-756-2019

Fund:	GENERAL FUND		Department:	POLICE DEPT			
Amendment #:	2		•				
Fiscal Year:	FY17-18						
	Estimated l		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	Appropriations			
Account #	Account Name	Increase	Decrease	Increase	Decrease		
02-601-1600	SALARIES			42,000.00			
02-601-1602	HEALTH BENEFIT				10,000.00		
02-601-1608	UNEMPLOYMENT				4,000.00		
02-601-1609	WORKER'S COMP				4,000.00		
02-601-1610	OVERTIME				8,000.00		
02-601-3970	GRANT EXPENSE				4,361.00		
02-601-4950	CAPTIAL OUTLAY				3,000.00		
02-400-506	POLICE GRANT	8,639.00					
	TOTALS	8,639.00	-	42,000.00	33,361.00		
EXPLANATION: TO ADJUST BUDGET FOR LINE ITEMS THAT ARE OVER SPENT AS OF 6-8-18 TO RECOGNIZE POLICE GRANT REVENUE Please Note: Transfers can not be made from Payroll and All Capital Transfers must be approved by Council							
Requested by Department Head:							
	Approved by City Manager:						
	Approved by City Council: 6/1/18 City Manager Signature						
			eginning Balance Fransfer Amount	Mayor Signature \$ \$	Productor -		
Unappropriated Fund Balance Remaining After Amendment: \$ 500 msp -							
21/0-							

Gervin

BUDGET CHANGE REQUEST FORM

/1 / / / / / / I	ATT 3 1/27
AMENDA	MENI.

CITY OF LINDSAY P O BOX 708, LINDSAY, OK 73052 405-756-2019

AMENDMENT LINE TRANSFER						
Fund:	CLEET FUND		Department:			
Amendment #:	1					
Fiscal Year:	Fiscal Year: FY17-18					
Account #	Account Name	Increase	ed Revenue Decrease	Approp: Increase	Decrease	
09-400-400	TRFR FROM POLICE BOND ACT	3,000.00	Decrease	<u>increase</u>	Decrease	
09-400-405	INTEREST INCOME	78.00	11			
09-600-1600	CLEET PAYABLE			1,503.00		
09-600-5000	TRANSFER OUT			1,575.00		
			-			
						
			-			
			-			
	TOTALS	3,078.00 -	1	3,078.00 _		
	1011111					
EXPLANATIO	N:					
Т	O RECOGNIZE ADDITIONAL MONI	ES TRANSFERE	D FROM POLICE BON	ND ACCOUNT AND	ADDITIONAL	
INTEREST EARNED.						
TO ADJUST BUDGET AMOUNT FOR ADDITIONAL CLEET PAYABLE & TRANSFER OUT EXPENSE.						
			(6)			
Please Note: Transfers can not be made from Payroll and All Capital Transfers must be approved by Council						
	Requested by Department Head:	6-11-18	- Henry	2		
	out 50, 35	Date	Depa	rtment Head Sign	ature	
	Approved by City Manager:					
		Date	Ci	y Manager Signat	ure	
	Approved by City Council:	6/11/18	(and)	ains		
		Date	- Grand	Mayor Signature		
			Beginning Balance	\$		
	Ingnarantiated Fund Da	lance Remaining	Transfer Amount	\$		
Unappropriated Fund Balance Remaining After Amendment: \$ -						

CITY OF LINDSAY

BUDGET CHANGE REQUEST FORM AMENDMENT LINE TRANSFER		P O BOX 708, LINDSAY, OK 73052 405-756-2019			
	CITY DONATION FUND		Department:		
Amendment #: Fiscal Year:	1 EV17.18				
Fiscal Year:	F117-10	Estimated	Davanna	Appropi	ictions
Account #	Account Name	Increase	Decrease	Increase	Decrease
10-400-401	SPECIAL PURPOSE FUND	12,500.00	Decicase	<u> </u>	Decrease
10-400-405	FIRE DONATION	60,750.00			
10-400-420	LIBRARY	1,550.00			
10-400-429	AMBULANCE	56,000.00			
10-600-1900	MISC EXPENSE			12,500.00	
10-600-1610	FIRE EXPENSE			60,750.00	
10-600-1625	LIBRARY EXPENSE			1,550.00	
10-600-1829	AMBULANCE EXPENSE			56,000.00	
10-000-1025	ANIBOLANCE EXPENSE			30,000.00	
	7				
				<u> </u>	
	MOMATO	120,000,00		120 000 00	
XPLANATIO	TOTALS	130,800.00-	-	130,800.00 -	
	-	CEIVED AND RELA			puncil
Pléa	N: TO RECOGNIZE DONATIONS RE- ase Note: Transfers can not be made	CEIVED AND RELA			puncil
Pléa	N: TO RECOGNIZE DONATIONS RE	CEIVED AND RELA	Capital Transfers mu	st be approved by Co	
Plea	N: TO RECOGNIZE DONATIONS RE- ase Note: Transfers can not be made	CEIVED AND RELA	Capital Transfers mu		
Pléa	N: TO RECOGNIZE DONATIONS RE- ase Note: Transfers can not be made	o from Payroll and All	Capital Transfers mu	st be approved by Co	
Plea	N: TO RECOGNIZE DONATIONS RE- ase Note: Transfers can not be made Requested by Department Head:	o from Payroll and All Date	Capital Transfers mu	st be approved by Co	ature
Plea	N: TO RECOGNIZE DONATIONS RE- ase Note: Transfers can not be made Requested by Department Head: Approved by City Manager:	Date Date Date Date	Dep:	artment Head Signaty Manager Signature	ature
Plea	N: TO RECOGNIZE DONATIONS RE- ase Note: Transfers can not be made Requested by Department Head: Approved by City Manager:	Date Date Date Date	Capital Transfers mu	st be approved by Co artment Head Signs ty Manager Signat	ature

CITY OF LINDSAY BUDGET CHANGE REQUEST FORM POBOX 708, LINDSAY, OK 73052

☐ AME	NDMENT LINE TR	ANSFER		405-756-2019		
Fund:	GENERAL FUND		Department:	AMBULANCE		
Amendment #:	1					
Fiscal Year:	FY17-18			5		
Account #	Account Name		Decrease	Appropr Increase	iations Decrease	
Account # 02-400-445	SALES TAX	Increase 35,430.00	Deci case	Inc. case	Decrease	
02-400-512	AMBULANCE RUNS	26,131.00				
02-400-512	EMS GRANT	3,899.00				
02-609-1610	OVERTIME			96,000.00		
02-609-1612	HOLIDAY PAY			1,010.00		
02-609-2725	OIL & GAS	(1,000.00		
02-609-3786	PROFESSIONAL FEES			17,050.00		
02-609-3910	AMBULANCE RUN REFUNDS			400.00		
02-609-3810	MAINTENANCE AGREEMENT				5,000.00	
02-609-3700	VEHICLE MAINTENANCE				5,000.00	
02-609-2740	MEDICAL SUPPLIES				8,000.00	
02-609-1602	HEALTH BENEFIT				15,000.00	
02-609-1609	WORKER'S COMP				12,000.00	
02-609-1608	UNEMPLOYMENT				5,000.00	
					and the second	
				115 160 50	EO 000 01	
	TOTALS	65,460.00		115,460.00	50,000.00	
EXPLANATION	V•					
	COGNIZE ADDITIONAL SALES TA				ANT REVENUE.	
TO AL	DJUST BUDGET FOR LINE ITEMS	THAT ARE UVER	PODGET AS OF 6-	0-10.		
Plea	ase Note: Transfers can not be made t	from Payroll and All	Capital Transfers, mu	st be approved by Co	uncil	
1	Requested by Department Head: 6/11/18 Ky Coldwell					
	Date Department Head Signature					
Approved by City Manager:						
		Date	Ci	ty Manager Signat	are	
	Approved by City Council:	6/11/18	(care	6 Kains		
		Date	_	Mayor Signature		
		83	Beginning Balance	\$	game.	
		-1	Transfer Amount	\$		
	Unappropriated Fund Bal	lance Remaining		\$		