From:_		_		ENFORCEMENT BUE unting Unit Name	-			
counting	Company #	Sub Assault	TN		Amount	Availab	ept Use Only e Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
4415	50000		REGULAR SALARIES	Ś	500,000.00	6,822,528.74	6,322, 528.74	5257-3
			Total	s	500,000.00			
						JAIL OPERATIONS		
To:	1000 Company #			To: Co	mpany/Accoun			
ounting							ept Use Only le Balance	Data of
ounting Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Date of Balance
4410	50010		OVERTIME	\$	500,000.00	27, 230.76	527,230.76	52523
						650		
			Total	\$	500,000.00			
n	Reason for Req	uest:	To cover overtime shortage in the Correctional Facility d	ue to stal	ff shortage			1
				Depar	tment Head	M		Date /30/
						/		- 1 / 1
	Activity		(optional) ****Please sign in blue ink or		Financial Officer			Date
Г	Activity		****Please sign in blue ink or	the orig		-		Date
Fi	Activity	7		the orig			-	Date

JPS-61623 FINICE-61320

From:1500					DOT ADMINISTRATION From: Company/Accounting Unit Name					
Company #						Finance D				
Unit	Account	Sub-Account	Title		Amount	Availab Prior to Transfer	Date of Balance			
3500	54040		CONSTRUCTION ENGINEERING SVC	s		5,278,049.24	After Transfer	Sala		
3300	54040		CONSTRUCTION ENGINEERING SVC	3	75,000.00	2,070,041.00	7,000,000,29	MIST		
	-									
				+						
			Total	\$	75,000.00	l				
						OT ADMINISTRATION	N			
То	: 1500 Company #	<		To: Co	mpany/Account	ting Unit Name				
counting						Finance De Available	Date of			
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance		
3500	52000		FURN/MACH/EQUIP SMALL VALUE	\$	75,000.00	18,618.17	93,618.17	8262		
				-			· '			
				_						
			Total	\$	75,000.00					
	Reason for Requ		***							
		ir	OOT budgeted FY2023 traffic counting in professional se n-house, and will need to procure and replace traffic cou	rvices. W Inting eq	e have determin uipment to proc	ned that traffic coun eed.	ting will be done			
		_						5/24/		
				Depart	ment Head	11		Date		
					11/1	U	(1201.		
						1		179		
	Activity	_		Chief F	inancial Officer	1		Date		
	Activity	(0	optional) ****Please sign in blue ink on th					Date		
ſ	Activity	(0		ie origina				Date 7		
	Activity	7	****Please sign in blue ink on th	ie origina				Date		

DOT - 6/6/23 FENUE 6/13/23

From		<u>-</u> :	STORMWATER MANAGEMENT From: Company/Accounting Unit Name						
Accounting Unit	Company #	Sub-Account	Title	Amount		ept Use Only le Balance After Transfer	Date of Balance		
3000	54000		LAND/RIGHT OF WAY	\$ 15,000.00	300000.00	X5 000.00	5/30/23		
						,			
			Total	\$ 15,000.00					
To:(1600 Company #	=		To: Company/Account					
counting					Finance Dept Use Only Available Balance		Date of		
Unit	Account	Sub-Account	Title	Amount	Prior to Transfer	Alter Transfer	Balance		
3000	54120	3200	AUTOMOTIVE EQUIPMENT - DRAINAGE	\$ 15,000.00	60,000.00	75,000,00	53003		
Re	eason for Requ	B	Total for the purchase of 2 replanding transfer needed for the purchase of 2 replanding for the purchase of 2 replanding for the formula for the first purchased cost model was lower than it is today. The Distributed cost model was lower than it is today.	repared and presented	to the Stormwater	Committee the			
			ccepable replacement vehicles, however there was a c effect the anticipated cost increases for replacement vehi		original budget. This		05-30.		
	Activity	(0)	ptional)	Chief Financial Officer	1		te /30/2		
			****Please sign in blue ink on t	he original form****					
1000	cal Year 33		Finance Department Use Only rnal # Acctg Period						
Ent	ered By/Date_		Released & Posted B	y/Date					

SW-6/6/23 FINCE-6/13/23

From:									
From:			MISC PROBATION GRANTS From: Company/Accounting Unit Name						_
		-		From	: Company/Acco	ounting t	Init Name		
	Company #						F1		
countin ~								ept Use Only	Data of
counting Unit	Account	Sub-Account	Title		Amount	Delaci	Availabi to Transfer	e Balance After Transfer	Date of
Onic	Account	T Sub-Account	I	_	Amount	1		Arter Transfer	Balance
6192	50000		REGULAR SALARIES	ŝ	5,000.00	49,6	27.54	44,671.54	5/30/23
								10.	
						-			
				-		-			
				_		_			
				_					1
			Total	\$	5,000.00]			
					MIS	C PROBA	ATION GRAN	ITS	
To:_	5000			To: Co	mpany/Accoun	ting Unit	Name		-7A
(Company #								
								pt Use Only	
ounting		02002002000000000000000000000000000000	(gazzero)					e Balance	Date of
Unit	Account	Sub-Account	Title	_	Amount		o Transfer	After Transfer	Balance
5192	51040		EMPLOYEE MED & HOSP INSURANCE	\$	5,000-00	(1)	14,74)	3,225,26	5/3003
						,	,	*	
\neg				+		-			
\rightarrow				1-					
			Total	s	5,000.00				
	Reason for Rea	upst:	Total	s	5,000.00				
R	Reason for Req					ansfer to	adjust for in	ocreased amount	
R	Reason for Req	1	Total Medical insurance costs have been greater than anticipa ncurred.			ansfer to	adjust for in	ncreased amount	
R	Reason for Req	1	Medical insurance costs have been greater than anticipa			ansfer to	adjust for in	ncreased amount	
R	Reason for Req	1	Medical insurance costs have been greater than anticipa			ansfer to	adjust for in	ncreased amount	
R	Reason for Req	1	Medical insurance costs have been greater than anticipa			ansfer to	adjust for ir	ncreased amount	
A	Reason for Req	1	Medical insurance costs have been greater than anticipa			ansfer to	adjust for in	ncreased amount	
A	Reason for Req	1	Medical insurance costs have been greater than anticipa			ansfer to	adjust for in	ncreased amount	
A	Reason for Req	1	Medical insurance costs have been greater than anticipa			ansfer to	adjust for in	ncreased amount	5/20
A	Reason for Req	1	Medical insurance costs have been greater than anticipa	ted for F	Y23. Budgettra	ansfer to	adjust for ir	ncreased amount	5/30,
A	Reason for Req	1	Medical insurance costs have been greater than anticipa	ted for F		ansfer to		ncreased amount	5/30 Date 1
A	Reason for Req	1	Medical insurance costs have been greater than anticipa	ted for F	Y23. Budgettra			ncreased amount	5/30 Date /30
A		1	Medical insurance costs have been greater than anticipa	ted for F	Y23. Budget tra				5/30 Date 5/30
A	Reason for Req Activity		Medical insurance costs have been greater than anticipa ncurred.	ted for F	Y23. Budgettra				5/30 Date /30
A			Medical insurance costs have been greater than anticipa ncurred.	Departi	Y23. Budget tra				5/30 Date /30
A			Medical insurance costs have been greater than anticipa ncurred.	Departi	Y23. Budget tra				5/30 Date /30
A			Medical insurance costs have been greater than anticipa ncurred.	Departi Chief Fi	Y23. Budget tra				5/30 Date /30
	Activity	3	Medical insurance costs have been greater than anticipal neutred. optional) ****Please sign in blue ink on Finance Department Use On	Departi Chief Fi	Y23. Budget tra				5/30 Date /30
		3	Medical insurance costs have been greater than anticipa neutred. optional)	Departi Chief Fi	Y23. Budget tra				5/30 Date /30
Fis	Activity	Budget Jo	Medical insurance costs have been greater than anticipal neutred. optional) ****Please sign in blue ink on Finance Department Use On	Departs Chief Fi	Y23. Budget tra	lead			5/30 Date /30

JPS - 616127 FINAS-611327

From:		- :		From:	ACCE: Company/Acco	ANTS		
Accounting	Company #						ept Use Only e Balance	Date of
Unit	Account	Sub-Account	_ Title	-	Amount	Prior to Transfer	After Transfer	Balance
1670	50000		REGULAR SALARIES	S	8,181,00	16,755.0	8,574.01	52423
1670	51010		EMPLOYER SHARE I.M.R.F.	s	1,400.00	2,428.40	1028.40	52423
1670	51050		FLEXIBLE BENEFIT EARNINGS	\$	600.00	600.00	Ø	52427
			Total	\$	10,181.00))		
					ACCES	SS & VISITATION GRA	ANTS	
To:	5000			To: Co	mpany/Account	ting Unit Name		
'	Company #					Finance De	ept Use Only	
Accounting					ì	Availabl	e Balance	Date of
Unit	Account	Sub-Account	Title	1	Amount	Prior to Transfer	After Transfer	Balance
1670	51000		BENEFIT PAYMENTS	Ś	1,841.00	(4846,92)	0.08	52473
1670	51030		EMPLOYER SHARE SOCIAL SECURITY	\$	1,340.00	(232.35)	1,107.65	52427
1670	51040		EMPLOYEE MED & HOSP INSURANCE	\$	7,000.00	(5,744.65)	1,255.35	52423
-				-				
				-				
				Ś	40.404.40			L
			Total	2	10,181.00			
,	Reason for Req	1	Due to staffing changes / departures, unbudgeted ben incurred. Budget transfer to cover the corresponding sh			ncrease to fringe be	nefits have been	i d
				Depar	tment Head	DM		5/24/2 5/30/2
	Activity	19	(optional)		inancial Officer			Date
			****Please sign in blue ink on		indi form			
is.	iscal Year	3 Budget Jo	Finance Department Use On Durnal # Acctg Period	ly				
IS	intered By/Dat	te	Released & Poste	i By/Da	te			

HHS-6/623 FINCUS-6/1323