

ORDINANCE/RESOLUTION REQUEST DATA SHEET

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

DEPARTMENT NAME: Ambulance Service
DATE OF THIS REQUEST: November 6, 2014

DEPT. NO. 0301 **FUND NO. 3450**
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 \$70,000 from unappropriated funds. The County Tax Collector collects NEBCO fire dues for the NEBCO Fire District. In turn, NEBCO bills the County for their salaries and benefits. This is basically a pass-through.

APPROPRIATE REVENUE:

Account Title

TRANSFER OF FUNDS:

Account Title

Account Title

AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____

APPROPRIATE ADDITIONAL FUNDS:

Account Title

ACCT NO. _____ AMOUNT _____
 ACCT NO. _____ AMOUNT _____

See Attached

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 MIKE CRANDALL FOR TOM ALLEN (Elected Official/Department Head)

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
3450-0301-3100	Other Miscellaneous	160,000.00	70,000.00	230,000.00
	Totals	160,000.00	70,000.00	230,000.00