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SEP 30 2021

FINANCE DIRECTOR'S OFFICE

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" Period:		Ref #	Initials:

CITY OF ALLENTOWN BUDGET TRANSFER REQUEST FORM

TO: Seth O'Neill, Director FROM: Mehmet Barzev

BUREAU: Department of Finance BUREAU: Emergency Medical Services

TRANSFER DETAIL

Date of Request: 29-Sep-21 Fund: ~~Temporary~~ Wages General Transfer Amount: ~~$75,000.00~~ 80,000

FROM (DEBIT)

ACCOUNT (All 15 digits) and ACCOUNT TITLE	TRANSFER AMOUNT ($)	ORIGINAL APPROPRIATION ($)	CURRENT ACCOUNT TOTAL ($)	ACCOUNT TOTAL AFTER TRANSFER ($)
000-05-0605-03-04	$80,000.00	$165,000.00	$97,333.61	17,333.61
Temporary Wages				-
000-05-0605-0003-04				-
				-
				-
				-
				-
				-
				-
				-

TO (CREDIT)

000-05-0605-003-06	$80,000.00	$425,400.00	($40,390.94)	39,609.06
Premium Pay				-
000-05-0605-0003-06				-
				-
				-
				-
				-

Reason Transfer is Required: ✓

Due to multiple long-term illnesses and injuries, we are utilizing more premium pay than forecast. We also have a small pool of part time workers and need the money in premium pay to cover the difference.

Reason Funds are Available for Transfer:

We are not using temporary wages as initially forecast.

TRANSFER AUTHORIZATIONS WITHIN & BETWEEN PROGRAMS

Amount not more than $5,000.00

x Amount is greater than $5,000.00

Department Head/Deputy Director:		Date: 9/30/2021
Director of Finance/Deputy Director:	Susan Barrall	Date: 9/30/21
City Controller (if amount is greater than $5,000):		Date: 10-1-21
Mayor/Managing Director (if amount is greater than $5,000):	Roy	Date: 10/1/21
Referred to City Council in accordance with the provisions of the Administrative Code, Section 130.04:		Date:

CITY COUNCIL

Julio Guridy, President:	[ ] Approved [ ] Disapproved	Date:
Cynthia Mota, Vice President	[ ] Approved [ ] Disapproved	Date:
Ce-Ce Gerlach, Councilperson	[ ] Approved [ ] Disapproved	Date:
Candida Affa, Councilperson	[ ] Approved [ ] Disapproved	Date:
Joshua Siegel, Councilperson	[ ] Approved [ ] Disapproved	Date:
Ed Zucal, Councilperson	[ ] Approved [ ] Disapproved	Date:
Daryl Hendricks, Councilperson:	[ ] Approved [ ] Disapproved	Date: