

Posting Year: 2019 Posting Date: 12/31/18 Posting # 83418 Doc # 2641220
 " Period: 12 Ref # 4398 Initials: MAH MW
4440

CITY OF ALLENTOWN BUDGET TRANSFER REQUEST FORM

TO: Brent A. Hartzell, Director FROM: Tawanna L. Whitehead
 BUREAU: Department of Finance BUREAU: City Council

TRANSFER DETAIL

Date of Request: 1/8/19 Fund: Nondepartmental 2018 Transfer Amount: \$4,500.00

FROM (DEBIT)

ACCOUNT (All 15 digits) and ACCOUNT TITLE	TRANSFER AMOUNT (\$)	ORIGINAL APPROPRIATION (\$)	CURRENT ACCOUNT TOTAL (\$)	ACCOUNT TOTAL AFTER TRANSFER (\$)
000-01-0101-0001-46	4,500.00	298,000.00	218,849.79	214,349.79

Other Contract Service

TO (CREDIT)

000-01-0101-0001-72	4,500.00	7,149.75	-	4,500.00
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Equipment

Reason Transfer is Required:
 GRANICUS ENCODER REPLACEMENT FOR COUNCIL CHAMBERS IN THE AMOUNT OF \$4,500.00

Reason Funds are Available for Transfer:
 GRANICUS ENCODER REPLACEMENT

TRANSFER AUTHORIZATIONS WITHIN & BETWEEN PROGRAMS

- Amount not more than \$5,000.00
- Amount is greater than \$5,000.00

Department Head: MAH 1/8/19 Date: _____
 Director of Finance: Brent Hartzell Date: 1/8/2019
 Mayor or Managing Director (if amount is greater than \$5,000): _____ Date: _____
 Referred to City Council in accordance with the provisions of the Administrative Code, Section 130.04: _____ Date: _____

CITY COUNCIL

Roger MacLean, President:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Candida Affa, Vice President:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Daryl Hendricks, Councilperson:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Julio Gurdy, Councilperson	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Courtney Robinson, Councilperson	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Ed Zucal, Councilperson	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
Cynthia Mota, Councilperson	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____