

Doc #

**Initials:**

# CITY OF ALLENTOWN BUDGET TRANSFER REQUEST FORM

**TO:** Jessica Baraket, Interim Director

**FROM: VICKY KISTLER**

**BUREAU:** Department of Finance

BUREAU: HEALTH

## TRANSFER DETAIL

**Date of Request:** 3-Dec-20

**Fund: GENERAL**

**Transfer Amount: \$10,499.91**

[illegible]

## Reason Transfer is Required:

Additional overtime hours required due to COVID-19 case investigation and follow up. These hours will now come out of account 19-08, and be covered by the COVID-19 PADOH Grant Funding.

## Reason Funds are Available for Transfer:

Funds are available as a result of the 2020 PADOH Federally funded Subsequently Available Funds 4100083787 SAF2 COVID-19

## TRANSFER AUTHORIZATIONS WITHIN & BETWEEN PROGRAMS

Amount not more than \$5,000.00

**X**

Amount is greater than \$5,000.00

Department Head:

**Director of Finance:**

City Controller (if amount is greater than \$5,000):

**Mayor or Managing Director** (if amount is greater than \$5,000):

Referred to City Council in accordance with the provisions of the Administrative Code, Section 130.04:

Date: 12/4/2020  
Date: 12/8/2020  
Date: 12-9-20  
Date: 12/9/20  
Date:

## CITY COUNCIL

<u>Daryl Hendricks, President:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<u>Julio Gurdy, Vice President:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<u>Ce-Ce Gerlach, Councilperson:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<u>Candida Affa, Councilperson</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<u>Joshua Siegel, Councilperson</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<u>Ed Zucal, Councilperson</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<u>Cynthia Mota, Councilperson</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

expstat.rpt 2:44PM  
12/03/2020  
Periods: 0 through 15

**Expenditure Status Report**  
**CITY OF ALLENTOWN**  
1/1/2020 through 12/31/2020

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000	GENERAL						
09	COMMUNITY DEVELOPMENT						
0908	HEALTH						
Account Number		Adjusted Appropriation	Expenditures	Year-to-date Expenditures	Year-to-date Encumbrances	Balance	Pct Used
0004	COMMUNICABLE DISEASE						
0004-06	PREMIUM PAY	3,800.00	14,299.91	14,299.91	0.00	-10,499.91	376.31
Total GENERAL		3,800.00	14,299.91	14,299.91	0.00	-10,499.91	376.31
Grand Total		3,800.00	14,299.91	14,299.91	0.00	-10,499.91	376.31

(Not all accounts may be included.)

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