		" Period:		Ref#	Initials:
		CITY OF ALLENTOW	N BUDGET TRANSFER F	REQUEST FORM	
TO:	Jessica Baraket	, Interim Director	FROM:	VICKY KISTLER	Marie an in magain Company Company
BUREAU:	Department of F		BUREAU:	HEALTH	the strength of the strength o
Minimal Science Majorica Guig		the paper and the second	TRANSFER DETAIL	The state of the s	er Din Anna ,
Date of Request	3-Dec-20	Fund:	GENERAL	Transfer Amount:	\$10,499.91
			FROM (DEBIT)		j
ACCOUNT (All 15 digits) and ACCOUNT TITLE		TRANSFER AMOUNT (\$)	ORIGINAL APPROPRIATION (\$)	CURRENT ACCOUNT TOTAL (\$)	ACCOUNT TOTAL AFTER TRANSFER (\$)
000-09-0908-00	19-06	\$10,499.91	16,188.00	\$15,023.83	4,523.92
premium pay			4.4		- (
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		-	TO (CREDIT)	The same a state of the same	€
000-09-0908-000)4-06	\$10,499.91	\$3,800.00	(\$10,499.91)	-
premium pay	4 4 5				
				-	•
		de prison	* *-	-	
			_		- 1
COVID-18 PADOH G	ours required due to our trant Funding.	ransfer:	and follow up. These hours will obsequently Available Funds 410	now come out of account 19-06 00083767 SAF2 COVID-19	, and be covered by the
		en - 1993 i 1547 - The 100 file own - own has new recommendates participated in the	nontrolle della colonia della	The state of the s	
lec	TI Amount not more that		TIONS WITHIN & BETW	EEN PROGRAMS	
ŧ.	Amount is greater the	Cherry art remediates - ye		Name .	
Department Head:	- Sala	1			ı Î
	() / S	5-0	^ ^	Date:	12,14/2020
Director of Finance:	1 suc	a Dara	het.	Date:	12/8/2020
City Controller (if amo	ount is greater than \$5	5,000):	lm	Date:	12-9-20
Mayor or Managing D	frector (if amount is g	reater than \$5,000):	Park Carry	Date:	12/9/20
Referred to City Coun	cil in accordance with	n the provisions of the Admini	strative Code, Section 130.04:	Date:	1 . / 2 .
			CITY COUNCIL		
Daryl Hendricks, Pres		[]	Approved [] Disapproved	Date:	
ulio Guridy, Vice Pre		** **	Approved [] Disapproved	Date:	3
Ce-Ce Gerlach, Coun	-		Approved [] Disapproved	Date:	ĺ
Candida Affa, Council Ioshua Siegel, Counc			Approved [] Disapproved	Date:	
d Zucal, Councilpers	5) · · · · · · · · · · · · · · · · · · ·		Approved [] Disapproved	Date:	
Cynthia Mote Council		1 1	Approved [] Disapproved	Date:	

Posting Date:

Posting #

Doc#

Posting Year:

Expenditure Status Report

Page:

expstat.rpt 12/03/2020

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

CITY OF ALLENTOWN 1/1/2020 through 12/31/2020

0004-06 PREMIUM PAY 0004 COMMUNICABLE DISEASE 8060 80 8 Account Number **Total GENERAL** HEALTH COMMUNITY DEVELOPMENT GENERAL **Grand Total** Adjusted Appropriation 3,800.00 3,800.00 3,800.00 Expenditures 14,299.91 14,299.91 14,299.91 Year-to-date Expenditures 14,299.91 14,299.91 14,299.91 Year-to-date Encumbrances 0.00 0.00 0.00 -10,499.91 -10,499,91 -10,499.91 Balance 376.31 376.31 376,31 Prot Used