

Month of request Oct

## Transfer/Appropriation County General/Other

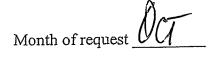
Delaware County Council Financial and Transfer Form (To be submitted with request)

OCT 0 5 2016.

OR

	DELAWARE CO. AUDITO
•	Name of person requesting the dollars (appropriated or transferred) Oewinkle
•	Month of agenda during which the request is being made
•	Number and name of fund Over time 196/124
•	Type of requestTransfer
•	Amount Requested 5000.00
•	Reason for each request and any supporting documentation cut at budget Advise go back if need
	Your signature Joseph 2 Wolf
•	All supporting documentation See Attached
	······································

Your phone number where you can be reached if there are any questions 747 - 7767



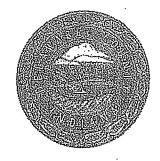




	Name of person requesting the dollars appropriated or transferred)
	Month of agenda during which the request is being made OTTOW  AMMINICATION OF THE PROPERTY OF
	Number and name of fund Communication Center &
	Type of request / AMAPLY
	Amount Requested
	Reason for each request and any supporting MWHCC  documentation
	Your signature Donna Patterson
,	All supporting documentation
	documentation
	DECEMBER OF THE PROPERTY.
	Your phone number where you can be reached if there are any questions

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Month of request 6

Transfer/Appropriation
County General/Other

### Delaware County Council Financial and Transfer Form (To be submitted with request)

Name of person requesting the dollars (appropriated or transferred) HOMA PALC VSON	
Month of agenda during which the request is being made	
Number and name of fund MMUNICUM (III)	
Type of request / Aumilia	
Amount Requested	
Reason for each request and any supporting Always Hore	<del>-</del>
Your signature Donna Patterson	
All supporting documentation	
	-
Your phone number where you can be reached if there are any questions	
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SEP 19 2016  Many G. Company  DELAWARE CO. AUG	# JITOR



Month of request Oct

# Transfer/Appropriation County Genéral Other

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Delaware County Council Financial and Transfer Form (To be submitted with request)

DELAWARE CO. AUDITOR

•	Name of person requesting the dollars (appropriated or transferred) しっというにし
•	Month of agenda during which the request is being made
•	Number and name of fund HOLIDAY 195/124
•	Type of request
•	Amount Requested 13449.00
•	Reason for each request and any supporting documentation CUT AT budget Advise go back
	Your signature Joseph Rustly
• ,	All supporting documentation See Attached
٠ ١	our phone number where you can be reached if there are any questions 747-7767



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SEP 2 8 2016

1000-123-5-00000

Month: October

Delaware County Council Financial and Transfer Form (To be submitted with request)

Name of person requesting the dollars: Emily M. Anderson

Month of agenda during which the request is being made: October

Number and name of fund: Delaware Circuit Court, Dept. 138

Type of request: Transfer

Amount Requested:

C107 Master Commissioner -\$3,200.00

452 Law Books \$3,200.00

Reason for Request: Transfer to cover insufficient funds

Emily M. Anderson Court Administrator

 Your phone number where you can be reached if there are any questions: Emily 747-7734



Transfer Marcal

SEP 2 8 2016

1000-123-5-00000

Month: October

#### Delaware County Council Financial and Transfer Form (To be submitted with request)

Name of person requesting the dollars: Emily M. Anderson

Month of agenda during which the request is being made: October

Number and name of fund: Delaware Circuit Court, Dept. 138

Type of request: Transfer

Amount Requested:

Part-Time 197

185 Transcripts -\$1,000.00

\$1,000.00

Reason for Request: Transfer to cover insufficient funds

Your phone number where you can be reached if there are any questions:

Emily 747-7734





#### Month of request (October)

### Delaware County Council Financial and Transfer Form (To be submitted with request)

- Name of person requesting the dollars (appropriated or <u>transferred</u>): Sheriff Ray Dudley
- Date of agenda during which the request is being made: 10/25/2016
- Number and name of the fund: Delaware County Sheriff 129
- Type of request: Transfers
- Amount Requested: \$ 1,642.00
- Reason for each request and any supporting documentation:
   These funds are being transferred to cover the correct salary for the deputy's salary and FICA. They will need to be transferred into the pay lines, so that they are not short at the end of the year. I apologize for the inconvenience.

Transfer From: 1000-129-5-00000-198 PT

Transfer From: 1000-129-5-00000-198 PT

1000-129-5-00000-172 Perf

-651.00 -874.00

To: 1000-129-5-00000-153 Deputy

1525.00

10. 1000-125-5-00000-155 Deputy

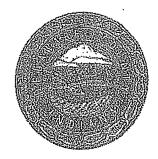
-117.00

To: 1000-129-5-00000-171 FICA

117.00

Your signature

- All supporting documentation: Budget Form Attached
- Your phone number where you can be reached if there are any questions: 747-7836 (Sheriff Dudley) or 747-7839 (Maggie Cox).



Month of request

# Transfer Appropriation County General Other

### Delaware County Council Financial and Transfer Form (To be submitted with request)

•	Name of person requesting the dollars appropriated or transferred)
•	Month of agenda during which the request is being made \( \frac{\text{UUV}}{1.1.6} \)
•.	Number and name of fund What Ing
•	Type of request
•	Amount Requested
• .	Reason for each request and any supporting HWH CVC
	·
	Your signature John Tallerson
•	All supporting
	documentation
•	Your phone number where you can be reached if there are any offertions
	OCT 0 3 2016

DELAWARE CO. AUDITOR



### Month of request October

# Transfer/Appropriation County General/Other

### Delaware Council Financial and Transfer Form (To be submitted with request)

Name of person requesting the dollars (appropriated or transferred). Gary Campbell, Tracsurer  Month of agenda during which the request is being made. October  Number and name of fund. Printing 325 to Compyter Copier 442.  Type of request. transfer  Amount Requested. 4, 99 5.00  Reason for each request and any supporting documentation. Copy Conachune, Stoped working. Cost high to repair.  Your signature. Lary Campbell.  All supporting documentation. 200 attachment.		
Number and name of fund Printing 325 to Computer Copier 442  Type of request transfer  Amount Requested 4,995.00  Reason for each request and any supporting documentation Copy Conachina, Stopped working COST high to repair  Your signature Lary Campbell  All supporting	Name of person r transferred)	equesting the dollars (appropriated or ary Camp bell, Treasurer
Type of request transfer  Amount Requested 4,995.00  Reason for each request and any supporting documentation Copy Conochune, Stopped working Cost high to repair  Your signature Lary Campbell  All supporting	Month of agenda	during which the request is being made October
Reason for each request and any supporting documentation Copy Conaching Stopped working Cost high to repair  Your signature Lary Campbell  All supporting	Number and nam	e of fund Printing 325 to Computer/Copier 442
Reason for each request and any supporting documentation Copy Conaching, Stopped working Cost high to repair  Your signature Lary Campbell  All supporting		
documentation <u>Copy Conaching</u> , Stopped working <u>Cost high to repair</u> Your signature <u>Lary Campbell</u> All supporting	Amount Requeste	ed 4,995.00
All supporting	Reason for each redocumentation_	copy conaching, Stopped working Cost high to repair
All supporting		
All supporting documentation <u>SQ</u> attachment		Your signature Lary Campbell
	All supporting documentation_	sa attachment
	Your phone numb	per where you can be reached if there are any questions 765-747-78





# Month of request

### Delaware County Council Financial and Transfer Form (To be submitted with request)

Stern g. Curry DELAWARE CO. AUDITOR





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OCT 1 0 2016

Stang. Consult DELAWARE CO. AUDITOR

# Month of request OCTOBER 2016

DELAYARIC CO. MOST C.
Delaware County Council Financial and Transfer Form  (To be submitted with request)
Name of person requesting the dollars (appropriated or transferred) <u>William M. Cassell,</u>
<ul> <li>Executive Director</li> <li>Month of agenda during which the request is being made OCTOBER 25, 2016</li> </ul>
<ul> <li>Month of agenda during which we will also a second of second secon</li></ul>
Type of request
and any supporting documentation
Sharon will be doing the financial reporting for the remainder of the grant.  Respect Grant # 4663 & ends December 31, 2016. She will be paid \$1,250.00 for the 3 <sup>rd</sup> . QTR.  2016 reporting & she will receive \$1,250.00 for the 4 <sup>th</sup> QTR. 2016 reporting. Diana Bailey retired on August 1, 2016 and Sharon took the position of Financial Manager as of August 2, 2016 and has been processing the claims, financial reports & grant reporting for this grant. Diana was paid has been processing the claims, financial reports & grant reporting for this grant.
for the 1st. QTR. & 2st. QTN 2020 r  Your signature  Your signature
All supporting documentation <u>ATTACHED IS THE BUDGET DETAILS</u> ALSO ATTACHED IS THE 3 <sup>RD</sup> . QTR. 2016 FISCAL REPORT FILED BY SHARON
<ul> <li>Your phone number where you can be reached if there are any questions 765-747-7825 ext. 123</li> </ul>



Transfer/Appropriation
County General Other

DOC Grant

OCT 1 0 2016

Month of request OCTOBER 2016

<ul> <li>Name of person requesting the dollars (appropriated or transferred) William M. Cassell, Executive Director</li> <li>Month of agenda during which the request is being made OCTOBER 25, 2016</li> <li>Number and name of fund 1122-DOC GRANT</li> <li>Type of request TRANSFER / NEW POSITION</li> <li>Amount Requested \$26,890.35</li> <li>Reason for each request and any supporting documentation</li> <li>Creating a new position, Field Officer Supervisor. I am not replacing a full-time Field Officer in our current budget &amp; I am transferring the appropriation to fund this new position through our fiscal year which ends June 30, 2017. This has been approved by our Advisory Board. The</li> </ul>	Ι	Delaware County Cou (To be su	ncil Financial and Transfe bmitted with request)	DELAWARE CO. A	DDITOR
<ul> <li>Number and name of fund 1122-DOC GRANT</li> <li>Type of request TRANSFER / NEW POSITION</li> <li>Amount Requested \$ 26,890.35</li> <li>Reason for each request and any supporting documentation</li> <li>Creating a new position, Field Officer Supervisor. I am not replacing a full-time Field Officer in our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position. The</li> </ul>			(appropriated or transfer	red) <u>William M. Cassell,</u>	ų r
<ul> <li>Type of request TRANSFER / NEW POSITION</li> <li>Amount Requested \$ 26,890.35</li> <li>Reason for each request and any supporting documentation</li> <li>Creating a new position, Field Officer Supervisor. I am not replacing a full- time Field Officer in our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position through our our current budget &amp; I am transferring the appropriation to fund this new position. The</li> </ul>	<ul> <li>Month of agenda</li> </ul>	during which the rec	quest is being made <u>OCTC</u>	BER 25, 2016	
<ul> <li>Amount Requested \$ 26,890.35</li> <li>Reason for each request and any supporting documentation</li> <li>Creating a new position, Field Officer Supervisor. I am not replacing a full-time Field Officer in our current budget &amp; I am transferring the appropriation to fund this new position through our</li> </ul>	<ul> <li>Number and name</li> </ul>	ne of fund 1122-DOC	GRANT		
<ul> <li>Reason for each request and any supporting documentation</li> <li>Creating a new position, Field Officer Supervisor. I am not replacing a full-time Field Officer in our current budget &amp; I am transferring the appropriation to fund this new position through our</li> </ul>	Type of request	TRANSFER / N	EW POSITION		
Creating a new position, Field Officer Supervisor. I am not replacing a full-time Field Officer in our current budget & I am transferring the appropriation to fund this new position through our	Amount Request	:ed <u>\$ 26,890.3</u>	35		
effective date is 10/27/2016, which starts a new pay period. There will be \$1,519.23 each & 7-days @ \$151.92 each. The new budget account line will be 1122 240 5 1 0000 144.	Creating a new pour current budy fiscal year which effective date is \$1,519.23 each	position, Field Officer get & I am transferrin n ends June 30, 2017. 10/27/2016, which s & 7-days @ \$151.92	Supervisor. I am not reploy the appropriation to full This has been approved tarts a new pay period. Teach. The new budget ac	by our Advisory Board. The here will be 17-full pays @ count line will be	
Your signature			Your signature	N Carrell	10/10/2011
All supporting documentation	All supporting of	documentation			

• Your phone number where you can be reached if there are any questions 765-747-7825 ext. 123



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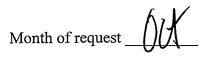
Delaware County Council Financial and Transfer Form Star G. Careft

(To be submitted with request) DELAWARE CO. AUDITOR

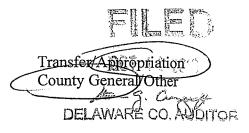
•	Name of persor	า requestin	g the	dollars (	app	ropriated or		
	transferred)	Scott	Ε.	Hahn	_	<u>Dela</u> ware	County	Coroner

- Date of agenda during which the request is being made
   October 25, 2016
- Number and name of the fund 323 Traveling Expense
- Type of request Additional Funds
- Amount Requested \$ 1,200.00
- Reason for each request and any supporting documentation We are out of money in traveling expense. We average \$280.00 per month. To complete the rest of the year we need \$1,200.00.
- Number and name of the fund 311 Autopsy, Lab, X-ray
- Type of request Additional Funds
- Amount Requested\_ \$ 57,000.00
- Reason for each request and any supporting documentation To complete the 2016 year. We have no money left when August bills are paid. We average 10 autopsies a month @ \$1,200000 each. We average \$3,000.00 a month for lab work & x-ray. We wil be paying for Sept., Oct. Nov. & Dec.

Your signature Land







Name of person requesting the dollars (appropriated or transferred) ASON KOGENS	
Month of agenda during which the request is being made OCH 2016	
Number and name of fund County Greneral	
Type of request Appropriation	
Amount Requested 410.00	
Reason for each request and any supporting documentation	
Your signature 4	
All supporting documentation	
Your phone number where you can be reached if there are any questions $716-26$	77

County General/Other



Month of request: October

### Delaware County Council Financial and Transfer Form (To be submitted with request)

•	Name of person requesting the dollars (appropriated or transferred)
	Charles E. Richmond II

- Month of agenda during which the request is being made: October
- Number and name of fund: 1216-694-5-310 Contractual Services
- Type of request: Appropriation
- Amount Requested: \$6,320.16

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penalties.

Reason for each request and any supporting documentation: Cost of training and travel expense for Auditor to attend Spring/Fall Auditor Conferences and New Claims/Payroll system.

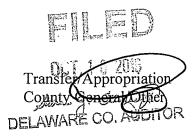
Your signatur

All supporting documentation\_\_\_To pay for services in collecting Ineligible Homestead

• Your phone number where you can be reached if there are any questions: Ext. 103

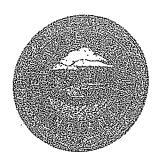




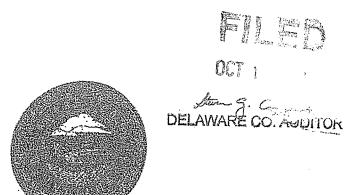


•	Name of person requesting the dollars (appropriated or transferred County Assessor  Month of agenda during which the request is being made October
•	Number and name of fund 1186 Rainy Day
•	Type of request Appropriation
•	Amount Requested 36,000
•	Reason for each request and any supporting documentation:
	Contractual Services and PTABOA Legal Fees  Your signature
•	All supporting
	documentation

• Your phone number where you can be reached if there are any questions 765-747-7715



ame of person requesting the dollars (appropriated or ransferred) JASON ROGERS
ate of agenda during which the request is being made OC+o ber 2016
umber and name of the fund 4930 Over Time Replacement Fund
pe of request Appropriation
nount Requested 22,000.00
ason for each request and any supporting occumentation Move to account that we can pay of from.
Your signature of the sealed if there are any questions $711a - 2973$
ason for each request and any supporting ocumentation Move to account that we can pay of from.  Your signature of the supporting of the su



	• Name of person requesting the dollars (appropriated or transferred) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Date of agenda during which the request is being made October 2016
•	Number and name of the fund Co General Capital Improve wents
•	Type of request Appropriation
0	Amount Requested <u>U2500</u> . — De attached
ø	Reason for each request and any supporting documentation Building Repair
	Your signature
	All supporting
	documentation

• Your phone number where you can be reached if there are any questions  $\frac{716-2973}{}$