

INTER-FUNCTION TRANSFER

REQUEST TO BE MADE AND TRANSFER VOTED BEFORE ANY EXPENDITURE IN EXCESS OF
THE APPROPRIATION IS INCURRED

DATE: 5/16/2017

Request is hereby made for the following inter-function transfer:

AMOUNT \$ 230.00

FROM ACCOUNT # 0190051-519150

NAME OF APPROPRIATION HEALTH INSURANCE

REASON FUNDS ARE AVAILABLE: _____

ADDITIONS/DELETIONS DURING THE YEAR PROVIDED A SURPLUS IN APPROPRIATION

TO ACCOUNT # 0124452-540400

NAME OF APPROPRIATION SEALER OF WEIGHTS/MEASURES - SUPPLIES/EXPENSES

REASON FOR TRANSFER: MINIMUM STICKER PURCHASE EVERY 10 YEARS NOT
BUDGETED FOR

W. James Althouse (CW)
Department Head/Chairperson
[Signature]
Town Administrator

5/15/17

Date

5/16/17

Date

APPROVED
BOARD OF SELECTMEN

DATE _____

APPROVED
FINANCE COMMITTEE

DATE _____

Please return original to the Finance Director

Revised 4-28-17

INTER-FUNCTION TRANSFER

**REQUEST TO BE MADE AND TRANSFER VOTED BEFORE ANY EXPENDITURE IN EXCESS OF
THE APPROPRIATION IS INCURRED**

DATE: 5/16/2017

Request is hereby made for the following inter-function transfer:

AMOUNT \$ 2,429.76

FROM ACCOUNT # 0190051-519150

NAME OF APPROPRIATION HEALTH INSURANCE

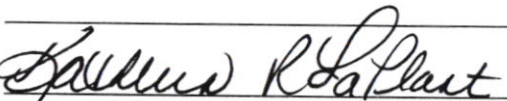
REASON FUNDS ARE AVAILABLE: _____

ADDITIONS/DELETIONS DURING THE YEAR PROVIDED A SURPLUS IN APPROPRIATION

TO ACCOUNT # 0113552-540400

NAME OF APPROPRIATION FINANCE OFFICE - EXPENSES

REASON FOR TRANSFER: ACCOUNTS PAYABLE ASSISTANCE THROUGH 6/30/17



Department Head/Chairperson

5/16/17

Date



Town Administrator

5/16/17

Date

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APPROVED
BOARD OF SELECTMEN

APPROVED
FINANCE COMMITTEE

DATE _____

DATE _____

Please return original to the Finance Director

INTER-FUNCTION TRANSFER

**REQUEST TO BE MADE AND TRANSFER VOTED BEFORE ANY EXPENDITURE IN EXCESS OF
THE APPROPRIATION IS INCURRED**

DATE: 05/16/17

Request is hereby made for the following inter-function transfer:

AMOUNT \$ 15,000.00

FROM ACCOUNT # 0190051-519150

NAME OF APPROPRIATION Health Insurance

REASON FUNDS ARE AVAILABLE: _____

Additions/Deletions during the year provided a surplus in appropriation

TO ACCOUNT # 0115152-520151

NAME OF APPROPRIATION Legal Town Counsel

REASON FOR TRANSFER: Unexpected need to contract with outside counsel for unforeseen
project opportunity



Department Head/Chairperson



Town Administrator

5-16-17

Date

5-16-17

Date

APPROVED
BOARD OF SELECTMEN

DATE _____

APPROVED
FINANCE COMMITTEE

DATE _____

Please return original to the Finance Director