

#### TORRANCE COUNTY

#### RESOLUTION # 2016- QUP Line Item Transfers

WHEREAS, County Departments are requesting line item transfers within their budgeted funds in the FY 2015-16 Budget, and

WHEREAS, line item transfers within the same fund require authorization from the Torrance County Commission, and

WHEREAS, the attached line item transfers within the same fund are hereby authorized:

(See Schedule A)

NOW THEREFORE BE IT RESOLVED by the Torrance County Commission.

**DONE** at Estancia, New Mexico, Torrance County this 29th day of June 2016.

TORRANCE COUNTY COMMISSION

Attest II A L SE

James W. Frost, District 1

Julia DuCharme, District 2

County Clerk

LeRoy M. Candelaria, District 3



## **Torrance County**

Resolution 2016-\_\_

Line Item Transfer

Schedule A June 29th 2016

					TOTAL					
les/sub	membership dues/sub	269	30 2	401 3	part time salaries	221	2	401 30	general fund	Treasurer
rep	equipment main/rep	244	60 2	402 6	full time salaries	102	2	402 60	road	road
match	health insurance match	65	61 2	402 6	vehicle fuel	202	2	402 60	road	road
sh	water, sewer, trash	210	61 2		vehicle fuel	202	2	402 60	road	road
natch	health insurance match	65	60 2	402 6	vehicle fuel	202	2	402 60	road	road
	partime salaries	103	60 2	402 6	vehicle fuel	202	2	402 60	road	road
	overtime	104	60 2	402 6	vehicle fuel	202	2	402 60	road	road
S	telecommunications	207	60 2	402 6	vehicle fuel	202	2	402 60	road	road
	signs	242	60 2	402 6	vehicle fuel	202	2	402 60	road	road
	printing/publishing	221	10 2	401 1	full time salaries	102	2	401 10	general fund	Manager
	office supplies	219	10 2	401 1	full time salaries	102	N	401 10	general fund	Manager
	mileage/per diem	205	10 2	401 1	full time salaries	102		401 10	general fund	Manager
	vehicle fuel	202	10 2	401 1	full time salaries	102	2	401 10	general fund	Manager
	overtime	104	10 2	401 1	full time salaries	102	2	401 10	general fund	Manager
,	equipment main/rep	218	73 2	420 7	care of inmates	172	2	420 72	jail fund	Jail
g	retire health matching	67	55 2	401 5	full time salaries	102	2	401 55	general fund	finance
tch	health insurance match	65	55 2	401 5	full time salaries	102	2	401 55	general fund	finance
	fica matching	64	55 2	401 5	full time salaries	102	2	401 55	general fund	finance
	mileage/per diem	205	73 2	420 7	professional services	272	2	420 73	jail fund	elect. Monitor
	telecommunications	207	73 2	420 7	professional services	272	N	420 73	jail fund	elect. Monitor
<b>"</b>	telecommunications	207	73 2	420 7	vehicle fuel	202	2	420 73	jail fund	elect. Monitor
	training	266	80 2	911 8	printing/publishing	221	2	911 80	911 fund	dispatch
ì	Description	ä	ine Item		Description	m	_ine Item	III	Source	Department
	Fransfer To:	Tra			Transfer From:	Trans			Funding Source:	
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#### Amenda

# TORRANCE COUNTY Line Item Transfer Form

Requesting Department:

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	Transfer From:	Transfer To:	er To:	A
Line Item Number	Line Item Description	Line Item Number	Line Item	Amount of
				1 1 1 1 1 1 1
11 8033311	PRINTING HUDWANDO	NO 91180-3366	MAINTEGET	1,001
	A.			1808
Doson for Trong				
Reason for Irans	reason for Transfer:  NORCE TO BUSINESS TO MANAGE TO THE MENT OF T	Brider to Bridge	LTVIT ON	りょうなかれる
T TO TR	KONLINCO TO TACO	20.		

Signature



	Requesting Department:	
C	Electronic Monitoring	

My department hereby requests that the following line item transfer(s) be made to the budget:

	Transfer From:	Transi	Iransfer To:		₩.
Line Item	Line Item	Line Item	Line Item		Amount of
Number	Description	Number	Description		Transfer
420-73-2202	Vehicle Fuel	420-73-2207		↔	500.00
420-73-2272	Professional Services	420-73-2207	Telecommunications	क	400.00
420-73-2272	Professional Services	420-73-2205	Mileage/per diem	↔	442.28
Reason for Transfer:	ısfer:				
Correcting mistal	Correcting mistakes that were made on previous line item deposits	line item deposits.			
Tansfering monie	Tansfering monies to line items that were in the negative	negative.			

Signature

Date

Rev. 06/12



### Requesting Department:

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My department hereby requests that the following line item transfer(s) be made to the budget:

**************************************	ransfer From:	Transf	ransfer To:	·
Line Item	Line Item	Line Item	Line Item	Amount of
Number	Description	Number	Description	Transfer
101-55-2102	Foll time salaries	401-55-2010H	Fica matchina	02.9 £
101-55-2102	101-55-2102 Full time salzries	401-55-20125	Herith insurance	\$ 2200
01-55-2102	Fill time SZIGNES	401-55-2010	retiree health matening	# 100
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leason for Transfer:	isfer:		-	
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Signatur



### Requesting Department:

Jail Fund/Juvenile Inmate Care

My department hereby requests that the following line item transfer(s) be made to the budget:

ii	Transfer From:			
			G. 1 C.	¥
	L ne cem	Line Item	Line Item	Amount of
Number	Description	Number	Description	
420-772-2172	Care of Inmates	420-73-2218	Equipment Main/Des	
			Ledan Man Veb	15,000.00
				<b>↔</b>
				-
				<b>€</b> Э
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				<b>⇔</b>
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				<b>⇔</b>
				49
				<b>⇔</b>
				•
Transfer to cover line	Transfer to cover line items showing a negative balance	alance.		
		)	)	

Signati



### Requesting Department:

Manager

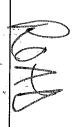
My department hereby requests that the following line item transfer(s) be made to the budget:

i ine Item	Transfer From:	Transi	ransfer To:	Amount of
Number	Description	Number	Description	Transfer
401-10-2102	FT Salaries	401-10-2104	Overtime	\$ 1,000.00
401-10-2102	FT Salaries	401-10-2202	Vehicle Fuel	\$ 1,200.00
401-10-2102	FT Salaries	401-10-2205	Mileage/Per Diem	\$ 1,000.00
401-10-2102	FT Salaries	401-10-2219	Office Supplies	\$ 250.00
401-10-2102	FT Salaries	401-10-2221	Printing/Publishing	\$ 250.00
Reason for Transfer:	nsfer:			
Funds need to b	Funds need to be adjusted to account for expenditures. One FT Employee was moved to another budget, so there are extra	ditures. One FT Employee	e was moved to another b	oudget, so there are extra

Signature



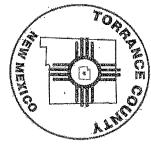
#### Line Item Transfer Form TORRANCE COUNTY



### Requesting Department:

My department hereby requests that the following line item transfer(s) be made to the budget:

Signatur	Reason for Transfer:			ST UNPONDON	Number /	
March Ch	to confer no			MIX WAX	100 □	Transfer From:
July	Mile has	4026/32062	2906 (10) toh	4016 80 - 697 406 00 - 607 - 44 6 00 - 607	Line Item Number	Transfer To
	James	HEALTH WELL WORK	HAMMANNE MUCHANIES	TRUM DIMMAN AND TONIS	Line Item Description	111
0 15 20 V		\$ 528.14	\$ 95.50 118.150	12.46.40 15.46.00	Amount of Transfer	\$





Requesting Department:

My department hereby requests that the following line item transfer(s) be made to the budget:

Line Item Line Item Line Item Number	0/18/10			Sold Delivery	
Line Item Line Item Line Item  Description  Manager  Mana	33,				
Transfer From:  Line Item  Description  MMMM  Transfer To:  Line Item  Description  MMMM  Andrew  Transfer To:  Item  Description  MMMM  Andrew  Transfer To:  Item  Description  Description  MMMM  Andrew  Transfer To:  Item  Description  Description  MMMM  Andrew  Transfer To:  Item  Description  Description  Description  Description  Description  MMMM  Andrew  Transfer To:			1 Coll May		
Line Item Line I				100000	
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Line Item  Line Item  Line Item  Description  Un Number  Description  OX					
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Line Item Line Item Line Item  Compensation  Line Item  Line Item  Compensation  Line Item  Line Item  Description  Compensation  Compensation					
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Transfer From:  Line Item  Line Item  On Description					
Transfer From:  Line Item  Line Item  Con Number און Description  Con Number און Description  Con Number און באָשאָאָאָמְאָלִי (פֹצְיּיִנְיִּיִּיִּנְיִּיִּיִּיִּיִּיִּיִּיִּיִּיִּיִּיִּיִּי					
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Transfer From:  Line Item  Line Item  A plescription  Line Item  A plescription  Line Item  A plescription  Line Item  A plescription  A plesc		economic de la companya de la compan			
Transfer From: Transfer To:    Line Item	(00,80)1	equipmont-	HAPP (00) WIN	SMINH	6012-00-WH
Transfer From: Transfer To:  Line Item Line Item Line Item	Transfer	Descripțion	//// Number ///	∩ _ / Description	Number
Transfer To:	Amount of	Line Item	Line Item	Line Item	Line Item
	\$	er To:	Transfe	Transfer From:	-

Signatur



#### Line Item Transfer Form TORRANCE COUNTY

Requesting Department:	THEM MEXICO	
	<u></u>	-

Treasurer

My department hereby requests that the following line item transfer(s) be made to the budget:

	Tronsfor Erom.	Transfer To	> T>	P
	4 = K4		-	
Line Item	Line Item	Line Item	Line item	Amount of
Number	Description	Number	Description	Transfer
401-30-2221	Part Time Salaries	401-30-2269	Membership Dues/Sub	\$ 175.00
				:
Reason for Transfer:	nsfer:		·	
Transferring mor	Transferring money to cover PO Box rent			
^	,			

Signatur

Rev. 06/12