



TORRANCE COUNTY

RESOLUTION # 2017-14

Line Item Transfers

WHEREAS, County Departments are requesting line item transfers within their budgeted funds in the FY 2016-17 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:

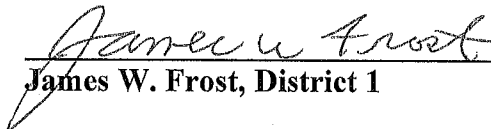
(See Schedule A)

NOW THEREFORE BE IT RESOLVED by the Torrance County Commission.

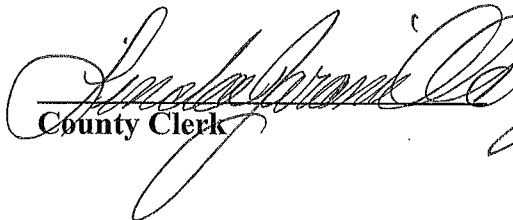
DONE at Estancia, New Mexico, Torrance County this 12th day of April 2017.

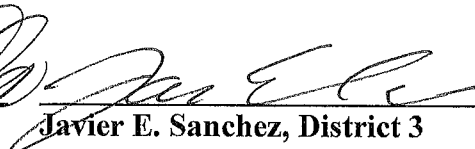
TORRANCE COUNTY COMMISSION

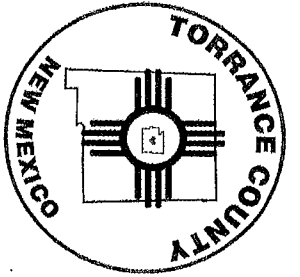



James W. Frost, District 1


Julia DuCharme, District 2


County Clerk


Javier E. Sanchez, District 3



TORRANCE COUNTY

Line Item Transfer Form

Requesting Department: _____

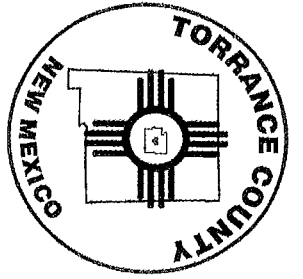
Commission _____

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

Transfer From:		Transfer To:		\$
Line Item Number	Line Item Description	Line Item Number	Line Item Description	Amount of Transfer
401-05-2273	IRB Legal Services	401-05-2203	maint. Contracts	\$ 5,000.00
401-05-2219	office supplies	401-05-2207	telecommunications	\$ 1,700.00
401-05-2108	unemployment comp	401-05-2212	property/liability ins.	\$ 9,000.00
401-05-2218	equip./maint./repair	401-05-2221	printing/publishing	\$ 600.00
401-05-2218	equip./maint./repair	401-05-2270	refunds	\$ 250.29
401-05-2209	heating/gas/propane	401-05-2210	water/sewer/trash	\$ 2,500.00
401-05-2065	health insur. Matching	401-82-2272	professional services	\$ 1,350.00
Reason for Transfer:				
To cover negative balances & transfer approved funds for animal services.				

Signature: *Brenda Stenlund*

Date: *4-11-17*



TORRANCE COUNTY

Line Item Transfer Form

Requesting Department: _____

County Manager _____

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

Transfer From:		Transfer To:		\$
Line Item Number	Line Item Description	Line Item Number	Line Item Description	Amount of Transfer
401-10-2065	health insurance matching	401-10-2104	overtime	\$ 800.00
401-10-2065	health insurance matching	401-10-2103	part time salaries	\$ 2,000.00
401-10-2065	health insurance matching	401-10-2205	mileage/per diem	\$ 2,000.00
401-10-2102	full time salaries	401-10-2266	training	\$ 2,000.00
401-10-2102	full time salaries	401-10-2272	professional services	\$ 100.00
401-10-2102	full time salaries	401-10-2219	office supplies	\$ 500.00
Reason for Transfer:				
to cover negative balances and necessary trainings for managers office.				

Signature: *Rebecca Stalman*

Date: *4-11-17*

