



TOWN OF NORTH EAST

FISCAL YEAR 2018

BUDGET AMENDMENT 2018-003

GENERAL FUND

Reclassify \$2,646 from the Contingency Budget to cover changes in the percentage of the Town's share of medical, dental, and vision insurance for five employees who are eligible for a higher Town contribution per the Personnel Manual as detailed in the attached 10-003 The remaining Contingency Budget for Fiscal Year 2018 is \$47,354.

ENTERPRISE FUND

Reclassify \$502 from the Contingency Budget to cover changes in the percentage of the Town's share of medical, dental, and vision insurance for one employee who is eligible for a higher Town contribution per the Personnel Manual as detailed in the attached 50-003 The remaining Contingency Budget for Fiscal Year 2018 is \$49,498

Date: NOVEMBER 8, 2017

Attest: Paul Stark

Robert F. McKnight
Robert F. McKnight, Mayor

Eric B. Braley
Eric B. Braley, Commissioner

Hilary A. Crothers-Moore
Hilary A. Crothers-Moore, Commissioner

ABSENT
Paul A. Stark, Commissioner

ABSENT
Michael Kline, Commissioner

Batch Id: 10-003 Posting Date: 07/01/17 Budget Year: 8 Fund: 10 Reason: Amended Budget
* Account Not on File in Budget Year: 8

Expenditure Account Revenue Account	Account Description Account Description	Change Description	Amend Budget	Chg to Budget	Seq
10-700-431-21-10	GROUP INSURANCE - HEALTH	LROARK CHANGE IN %	263.00	263.00	1
10-700-431-21-15	GROUP INSURANCE - DENTAL	LROARK CHANGE IN %	21.00	21.00	2
10-700-431-21-20	GROUP INSURANCE - VISION	LROARK CHANGE IN %	4.00	4.00	3
10-600-421-21-10	GROUP INSURANCE - HEALTH	MORGAN/GOODYEAR/HICK	2,043.00	2,043.00	4
10-600-421-21-15	GROUP INSURANCE - DENTAL	MORGAN/GOODYEAR/HICK	197.00	197.00	5
10-600-421-21-20	GROUP INSURANCE - VISION	MORGAN/GOODYEAR/HICK	29.00	29.00	6
10-300-415-21-10	GROUP INSURANCE-HEALTH	THOLMES CHANGE IN %	81.00	81.00	7
10-300-415-21-15	GROUP INSURANCE DENTAL	THOLMES CHANGE IN %	7.00	7.00	8
10-300-415-21-20	GROUP INSURANCE-VISION	THOLMES CHANGE IN %	1.00	1.00	9
10-500-419-69-95	CONTINGENCY	THOLMES CHANGE IN %	2,646.00-	2,646.00-	10
Total Amend Budget:		0.00	Total Change To Budget:		0.00

Revenue Posting Summary			Amend Antic	Chg to Antic
Total Amend Anticipated:	0.00	Total Change To Anticipated:	0.00	

G/L Posting Summary			
G/L Debit:			
10-000-299-99-00	APPROPRIATED BUDGET	2,646.00	
G/L Credit:			
10-000-299-99-00	APPROPRIATED BUDGET	2,646.00	
Total Debits:	2,646.00	Total Credits:	2,646.00

Entries:	10	Total Amend Budget:	0.00	Total Change To Budget:	0.00
		Total Amend Anticipated:	0.00	Total Change To Anticipated:	0.00

There are NO errors in this listing.

November 1, 2017
01:12 PM

Town of North East
Budget Amend Entry Verification Listing

Page No: 1

Batch Id: 50-003 Posting Date: 07/01/17 Budget Year: 8 Fund: 50 Reason: Amended Budget
* Account Not on File in Budget Year: 8

Expenditure Account Revenue Account	Account Description Account Description	Change Description	Amend Budget	Chg to Budget	Seq
50-800-432-21-10	GROUP INSURANCE-HEALTH	THOLMES CHANGE IN %	458.00	458.00	1
50-800-432-21-15	GROUP INSURANCE-DENTAL	THOLMES CHANGE IN %	37.00	37.00	2
50-800-432-21-20	GROUP INSURANCE-VISION	THOLMES CHANGE IN %	7.00	7.00	3
50-800-432-69-95	CONTINGENCY	THOLMES CHANGE IN %	502.00-	502.00-	4
Total Amend Budget:		0.00	Total Change To Budget:		0.00

Revenue Posting Summary				Amend Antic	Chg to Antic
Total Amend Anticipated:		0.00	Total Change To Anticipated:		0.00

G/L Posting Summary			
G/L Debit:			
50-000-299-99-00	APPROPRIATED BUDGET	502.00	
G/L Credit:			
50-000-299-99-00	APPROPRIATED BUDGET	502.00	
Total Debits:		502.00	Total Credits: 502.00

Entries:	4	Total Amend Budget:	0.00	Total Change To Budget:	0.00
		Total Amend Anticipated:	0.00	Total Change To Anticipated:	0.00

There are NO errors in this listing.