



REQUEST FOR BOARD ACTION

ITEM NO. 13

DATE OF MEETING: June 6, 2016

REQUESTED BY: Katherine C. Brafford, Finance Director

SHORT TITLE: Approval of a FY 2015-2016 Budget Ordinance to appropriate additional expenditures for Fund 10, Org Code 600 – Medical Examiner: \$20,000.00.

BACKGROUND: On June 22, 2015 the Board of Commissioners adopted a Budget Ordinance for FY 2015-2016. The projected expenditures for the Medical Examiner were budgeted as \$50,000. The budget for the previous three fiscal years had been \$75,000 each; however, the actual expenditures incurred were \$35,585, \$32,330 and \$30,960 for FY 2013, 2014 and 2015, respectively. Fiscal year 2016 expenditures as of May 20th have already exceeded budget, with over a month's worth of expenditures yet to be incurred. Expenditures to date are almost double that of the previous year.

SPECIFIC ACTION REQUESTED: To consider approving a budget ordinance to use \$20,000 of contingency funds to budget additional expenditure projections for the Medical Examiner's budget for FY 2015-2016.

The foregoing Ordinance, upon motion of Commissioner _____ and second by Commissioner _____, and having been submitted to a roll call vote and received the following votes: YES Votes: _____ NO Votes: _____ ABSTAIN: _____ was approved _____ denied _____ on this the 6th day of June, 2016:

George R. Brown, Jr., Chairman

ATTEST:

Melissa Pedersen, Clerk to the Board

BUDGET ORDINANCE AMENDMENT TITLE: Budget Amendment - Medical Examiner

Introduced by: Randell Woodruff, County Manager Date: 2016-06-06 Item #: _____

Fund: 10 Department: Medical Examiner Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 2015-2016 Budget Amendment # 2016-86 Date Approved: 2016-06-06
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input type="checkbox"/>	Decrease: <input type="checkbox"/>	Increase: <input checked="" type="checkbox"/>	Decrease: <input checked="" type="checkbox"/>
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
		999-499400 Manager's Contingency	\$-20,000.00
		10-600-404500 Medical Examiner Contracted Services	\$20,000.00
Total:		Total:	\$0.00

Reason and Justification for Request:
 To appropriate \$20,000 of Contingency Funds to cover expenditures for Medical Examiner fees for the remainder of the fiscal year - to cover charges for death certificates and autopsies

Dept Mgr. Approval: Date: Finance Officer Approval: Date: Budget Officer Approval: Date:

Board Approval (When Applicable) Item # Date of Minutes

Email to Finance

Revision 8.5 (1/13/15)

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