

CERTIFIED COPY OF ADDITIONAL APPROPRIATION

UNIT NAME: Town of Yorktown

COUNTY NAME: Delaware County

Date of Publication: 4/1/2018

Date of Publication: _____

Date of Public Hearing: 4/16/2018

Date of Resolution/Ordinance: _____ 4/16/2018

Newspaper: Muncie Star Press

Newspaper: Muncie Star Press

County # _____

Unit # _____

Date Received: _____

Order Number: _____

Complete for each fund from which the additional appropriations are made. Use a separate column for each fund.

Lines referred to below are on the Fund Report issued by the Department.

A. Department Fund Number	0061			
B. Fund Name	Rainy Day Fund			
C. Appropriation Amount Requested	100,000			
D. Amount by Reduction				
E. Net Amount of Increase (C minus D)	100,000			
1. Property Tax Levy (Line 16)	-			
2. Levy Excess (Line 15)	0			
3. PTRC from CAGIT (Line 13)	0			
4. LOIT Levy Freeze Amount (Line 13B)	0			
5. Misc. Revenue (Line 8B) (If higher than 8B amount, a revised Budget Form 2 must be attached)	-			
6. January 1 Cash Balance (include investments)	380,624			
7. Subtotal of Funds (Add 1 thru 6)	380,624			
8. Less Circuit Breaker	0			
9. Total Funds (7 minus 8)	380,624			
10. Department Approved Budget (Line 1)	25,000			
11. Encumbered Appropriations	0			
12. Temporary Loans Outstanding as of 1/1/2018	0			
13. Beginning Obligations (Add 10 thru 12)	25,000			
14. Surplus Funds (9 minus 13)	355,624			
15. Previous additional appropriation(s) approved since January 1, less any reductions in appropriations.	0			
16. Amount transferred to the Rainy Day Fund	0			
17. Surplus Funds Remaining (14 minus 15 minus 16)	355,624			

I, Beth Neff, fiscal officer of Yorktown, do hereby certify that the above information is true and correct.

Dated this 20th day of March, 2018

Signature _____

Title: Yorktown Clerk-Treasurer

765-759-4002

beth@yorktownindiana.org

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