## **TOWN OF WEST SENECA**



TOWN SUPERVISOR
GARY A. DICKSON
TOWN COUNCIL
WILLIAM BAUER
JOSEPH J. CANTAFIO
JEFF PIEKAREC
WILLIAM P. HANLEY

TO:

Honorable Town Board / Town of West Seneca

FROM:

Megan K. Wnek, CPA

Director of Finance

DATE:

November 23, 2020

RE:

Budget Transfer - Highway

Kindly authorize a budget transfer for \$10,000 from Buildings and Grounds – Pool Repair and Maintenance 01.7181.0445 to 01.7142.0445 Buildings and Grounds – Ice Rink Repair and Maintenance for the purchase of a compressor.

## Town of West Seneca Budgetary Transfer Request

The following budgetary transfers are requested as indicated below to be approved

| -        |                       |                          |              |  |
|----------|-----------------------|--------------------------|--------------|--|
| From:    |                       |                          |              |  |
|          | Account Number        |                          | Amount       |  |
|          | 0171810050445         | Port-Repair + Maint      | \$ 10,000.00 |  |
|          |                       | ,                        |              |  |
|          |                       |                          |              |  |
|          |                       |                          |              |  |
|          |                       |                          |              |  |
|          |                       |                          |              |  |
| o:       |                       |                          |              |  |
|          | Account Number        | Description              | Amount       |  |
|          | 01714200.50445        | Rink-Repair + Maint.     | 10,000,00    |  |
|          |                       | ,                        |              |  |
|          |                       |                          |              |  |
|          |                       | ,                        |              |  |
|          |                       |                          |              |  |
| •        | 1                     |                          |              |  |
| ustifica | ation:                |                          |              |  |
| ,        | Durchase              | COMPRESSOT               |              |  |
|          | 7                     | 1                        |              |  |
|          |                       |                          | -            |  |
| (4)      | ,                     |                          |              |  |
|          | -                     | DEPARTMENT HEAD APPROVAL |              |  |
|          |                       | DEPARTMENT               | ET NOVAL     |  |
|          |                       |                          | A            |  |
|          | Availability to Appro | priation Checked         | 111000       |  |
|          | By Comptroller        | M(()<br>INITIAL          | DATE         |  |
|          |                       | INITIAL                  | DITTE        |  |