

HAYWOOD COUNTY
BUDGET ORDINANCE AMENDMENT
FISCAL YEAR 2021-2022

PER: _____
JNL: _____

BE IT ORDAINED by the Board of Commissioners of Haywood County that the following amendment be made to the budget ordinance for the fiscal year ending June 30, 2022.

Section 1. To amend the General Fund, the expenditures are to be charged as follows:

Department line item	Account Number	Current Budget	Increase (Decrease)	Amended Budget
Elections:				
Non-expendable office supplies	114170-526900	2,000	36,856	38,856
				-
				-
				-

which will result in a net increase (decrease) of \$ 36,856 in the expenditures of the General Fund.

To provide the additional revenue for the above, the following revenues will be increased as the money has been received:

Revenue	Acct. No.	Current Budget	Increase (Decrease)	Amended Budget
Restricted Intergovernmental:				-
Intergovernmental Revenue - Voting Grant	110050-441702	-	36,856	36,856
				-
				-

36,856

Section 2. Copies of this budget amendment shall be delivered to the Budget Officer and the Finance Officer for their direction.

Adopted this the _____ of _____ 2021.

Chairman
Haywood County Board of Commissioners

ATTEST:

Clerk to the Board

Explanation:
To accept and appropriate HAVA grant funds to be used by Elections to purchase election equipment and software in FY 2022.

HAYWOOD COUNTY BOARD OF ELECTION

Invoice

ATTN: Robert Inman
 Mailing Address 63 Elmwood Way, Suite - A
 City, State Zip Waynesville, NC. 28786

Invoice No. 1
 Invoice Date 6/17/2021

Customer

Name State Board of Elections
 Attn: Amy Strange/Ronda Russell
 Address PO Box 27255
 City Raleigh, NC 27611-7255
 email accounts.payable@ncsbe.gov

Qty	Description	Unit Price	Total
36	Ballot Call Max	\$599.00	\$20,520.00
36	Ballot Call Vehichle Extension Post	\$49.00	\$1,764.00
36	Totem Pocket	\$99.00	\$3,564.00
1	ES&S Ballot on Demand Hardware / Software	\$8,685.00	\$8,685.00
3	HP LaserJet Pro Printer / Scanner (Model# M428FDN)	\$1,307.56	\$1,307.56
1	Security Equipment	1,015.00	1,015.00
	<i>HAVA Reimbursement</i>		
	*Attach copies of receipts supporting reimbursement requests		
	Payment due 30 days net		
	Total		\$36,855.56

Office Use Only

Please remit payment electronically using vendor number _____