

BUDGETARY TRANSFER FORM

Department: Mayor's Office

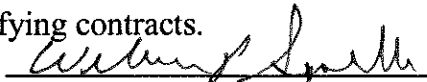
Amount: \$ 96,206.34

Date: 5/18/2023

From RESERVE FUND 16605-57300  
Title of Account Account Number

To MEDICARE INSURANCE 16603-57040  
Title of Account Account Number

Reason for Transfer: Medicare short fall – due to ratifying contracts.

  
Department Head

I hereby certify that funds are available to make the above-stated transfer.

Date: 5-18-23

  
Cheryl St. John, Auditor

I hereby approve placement of the above-stated transfer on the Council agenda.

Date: 5/18/23

  
William P. Sapelli, Mayor

Approved as to form and legality.

Date: 5/18/23

  
Stephen J. Buoniconti, Solicitor

PER ORDER OF THE AGAWAM TOWN COUNCIL – APPROVED ON \_\_\_\_\_, 2023

Date: \_\_\_\_\_

\_\_\_\_\_  
Christopher C. Johnson, President

APPROVAL OF LEGISLATION: Pursuant to Section 3-6 of the Agawam Home Rule Charter, I hereby approve the Council passage of the above-stated transfer.

Date: \_\_\_\_\_

\_\_\_\_\_  
William P. Sapelli, Mayor

DISAPPROVAL OF LEGISLATION: Pursuant to Section 3-6 of the Agawam Home Rule Charter, I hereby disapprove the Council passage of the above-stated transfer.

Date: \_\_\_\_\_

\_\_\_\_\_  
William P. Sapelli, Mayor