

Veterans Outreach Program

Every Thursday - to Hague, Chestertown and North Creek

	Approx Wages/day	Meals	Mileage	Gas (\$2.75/gal)	# of Clients Assisted
July	\$ 131.04	\$ 29.88	114	\$ 39.19	7
August	\$ 131.04	\$ 25.78	114	\$ 39.19	4
September	\$ 131.04	\$ 14.31	114	\$ 39.19	4
October	\$ 131.04	\$ 30.69	114	\$ 39.19	5
November	\$ 131.04	\$ 13.28	114	\$ 39.19	3
Totals	\$ 655.20	\$ 113.94	570	\$ 195.95	23

Approximate expenses for 5 months: \$ 965.09

Average hourly cost per client: \$ 41.96

Request for Funds
Year Ending 2009
Veterans Salary Account
A.6510 110

Starting 11/23/09 through end of year this is my approximate calculation of funds needed:

As of P/Roll ending 11/22/09 the Veterans Department is over budget.	(\$6926.48)
Regular Salaries (2 payrolls left with each being \$2451.34)	\$4902.68
Sick Incentive (.140)	\$400.00
15% of remaining sick time to be paid out for Deanna (confirmed with Todd Lunt)	\$143.04

Estimated monies needed to cover salary accounts until EOY: \$12,372.20

P/Roll ending 12/06/09 =2451.34
P/Roll ending 12/20/09 =2451.34

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Denise A. Di Resta, Director

Name of Department: Veterans Services

SIGNED:



DATE: 11/30/2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.6510 110	Salaries - Regular	11,972.20

Please state reason for transfer request: Over budget for EOY 2009 due to a retirement and position abolishment within department.

Please file original request with Clerk of the Board and retain copy for your records.

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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

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CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.6510 140	Salaries – Sick Leave Incentive	400.00

Please state reason for transfer request: Sick Leave Incentive Payout.

Please file original request with Clerk of the Board and retain copy for your records.