



**CITY OF BRISTOL
BOARD OF FINANCE AGENDA REQUEST FORM**

To: Board of Finance Commissioners

From: Emergency Management
(Requesting Department)

Date: December 16, 2020
(Submission Date)

For the January 26, 2021 Board of Finance Meeting Agenda
(Date of Meeting)

This request is for:
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$ 1,000
- Transfer from Contingency \$ _____
- Transfer(s) \$ _____
- Grant \$ _____
- Carry-over(s) \$ _____
- Other

Approval:

This request was approved by the Board of _____
(governing Board of your department)
at its meeting held on _____.
(date)

Harley Graime

(Department Head's signature)

All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 5:30 p.m. in the Council Chambers.

Board of Finance Agenda Request Form

Reason for request:

To appropriate a donation for CERT from the Community Health Center.

Additional Appropriation(s) and/or Appropriation(s) complete the following:

Account	Account Name	Amount
1062413-470000	CERT Donation	\$1,000
1062413-561800	Program Supplies	\$1,000
_____	_____	_____

Transfer(s) complete the following:

From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____

Grants:

Total Amount: Grant \$ _____

City Share \$ _____ %

Federal/State Share \$ _____ %

Carry-overs list the following:

Account	Account Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Health Center, Inc
575 Main Street, 2nd flr
Middletown, CT 06457

Capital One Bank

Check No. 10544

Date
December 11, 2020

Amount
\$1,000.00

One Thousand and 00/100

Pay to the Order of: CITY OF BRISTOL
111 NORTH MAIN ST
BRISTOL, CT 06010

Margaret A. Hunter
Signature

Security features. Details on back

⑈0000010544⑈ ⑆021407912⑆ 007528657758⑈



Community Health Center, Inc

Category: Supplier Payment
Pay To: CITY OF BRISTOL
Check Number: 10544

Invoice Date	Invoice Number	Memo	Invoice Amount	Discount Taken	Payment Amount
11/30/20		DONATION	\$1,000.00	\$0.00	\$1,000.00
		Totals	\$1,000.00	\$0.00	\$1,000.00