

Budget Transfer Request

Department: **MENTAL HEALTH** Date: **4/17/2017** # _____ (for Finance use)

FROM: Department Budget			TO: Department Budget		
Account	Title	AMOUNT	Account	Title	Detailed Explanation Required:
4311.54442	PROFESSIONAL SERVICES	\$6,061	4310.54303	OFFICE SUPPLIES	TRANSFER FROM 4311 CLINIC LINE THAT WAS UNDERSPENT IN 2016 TO COVER THE OVERAGE IN SUPPLIES IN ADMINISTRATION
4311.54442	PROFESSIONAL SERVICES	\$30,677	4310.54442	PROFESSIONAL SERVICES	TRANSFER FROM 4311 CLINIC LINE THAT WAS UNDERSPENT IN 2016 TO COVER THE OVERAGE IN PROFESSIONAL SERVICES IN ADMINISTRATION. THE ADDITIONAL COSTS ARE ASSOCIATED WITH THE ELECTRONIC HEALTH RECORDS OPERATING SYSTEM BILLABLE HOURS
4311.54442	PROFESSIONAL SERVICES	\$2,771	4311.52214	OFFICE FURNISHINGS	TRANSFER FROM 4311 CLINIC LINE THAT WAS UNDERSPENT IN 2016 TO COVER THE OVERAGE IN OFFICE FURNISHINGS IN THE SAME UNIT.
4311.54606	ADMINISTRATION AND OVERHEAD	\$8,422	4311.54354	MEDICAL SUPPLIES	TRANSFER FROM 4311 CLINIC LINE THAT WAS UNDERSPENT IN 2016 TO COVER THE OVERAGE IN MEDICAL SUPPLIES IN THE SAME UNIT.
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Date of Program Committee			Date Sent to Program Committee		
<input type="text"/>			<input type="text"/>		
			Sender's Initials __BLD__		

Department Head	Date Signed	for County Administration use only
<i>[Signature]</i>	5/4/17	
Director of Finance	Date Signed	

SIGNATURES

Routing: Submit 4 (four) copies to Finance-Comptroller
Submit 1 (one) copy to Program Committee for next agenda