Budget Transfer Request

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

	FROM: Department Budget Account	Title	AMOUNT	*TO:* Department Budget Account	Title	Detailed Explanation Required:
1	6301.43485	OMH FLEX	$48,372	6301.54400	PROGRAM EXPENSE	REPRESENTS INCREASE IN NYS OFFICE OF MENTAL HEALTH (OMH) ALLOCATION FOR 2016
2	6301.42797	OTHER LOCAL GOVERNMENT CONTRIBUTIONS	$15,350	6301.54400	PROGRAM EXPENSE	REPRESENTS AN INCREASE IN THE RACKER CONTRACT WITH BOCES (PASS THROUGH FUNDS WITH THE DEPARTMENT)
3						
4						
5			h			
6						
7		Date of Program Committee			Date Sent to Program Committee	
8						Sender's Initials BLD

SIGNATURES

Department Head Date Signed

Director of Finance Date Signed 5/5/17

for County Administration use only

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