

Budget Transfer Request

Department: **MENTAL HEALTH**

Date: **4/17/2017**

_____ (for Finance use)

FROM:		TO:		AMOUNT	Department Budget Account	Title	Detailed Explanation Required:
Department Budget Account	Title	Department Budget Account	Title				
1	4311.54354	MEDICAL SUPPLIES	\$5,000	4312.52214	OFFICE FURNISHINGS	TRANSFER FROM MEDICAL SUPPLIES IN 4311 CLINICS (CURRENT COSTS IN THIS LINE ITEM HAS BEEN DECREASING DUE TO CHANGES IN INSURANCE COVERAGE FOR SPECIFIC MEDICAL SUPPLIES). THE TRANSFER IS TO PURCHASE WINDOW BLINDS AND GRADIATION FILM FOR THE PROS UNIT OFFICES ON THE 2ND FLOOR.	
2							
3							
4							
5							
6							
7	Date of Program Committee			Date Sent to Program Committee			
8	Director of Finance			Sender's Initials			BLD

Department Head _____ Date Signed 4/17/17
 Director of Finance _____ Date Signed _____
 for County Administration use only

SIGNATURES

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