Budget Adjustment and Transfer Request Form

(Budget Adjustments requiring Legislature action must be submitted as a resolution)

Department: MENTAL HEALTH	Date: JUNE 13, 2017

INSTRUCTIONS: *Submit **one (1) copy to the Finance Director** and **one (1) copy to Program Committee** through Minute Traq as a new file: "BUDGET ADJUSTMENT OR TRANSFER FOR INFORMATION ONLY"

*** NOTE: TARGET FOR PROGRAM COMMITTEE MEETING AND NOT THE LEGISLATURE*

From/Revenue Adjustment:			***To/Expenditure Adjustment:***	
Budget Account	**Account Title**	**AMOUNT**	**Budget Account**	**Account Title**
4311.54354	MEDICAL SUPPLIES	$4,000	4310.52214	OFFICE FURNISHINGS

Explanation Required:

Need additional funds in Office Furnishings to cover purchases in response to Ergonomic Reviews for employees

SIGNATURES		
Department Head:	Date Signed:	6/13/17
Director of Finance:	Date Signed:	