

# Budget Adjustment and Transfer Request Form

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

<b>Department:</b> MENTAL HEALTH	<b>Date:</b> JUNE 13, 2017
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**INSTRUCTIONS:** \*Submit one (1) copy to the Finance Director and one (1) copy to Program Committee through Minute Trap 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
4311.54412	TRAVEL/TRAINING	\$4,000	4310.54412	TRAVEL/TRAINING

### Explanation Required:

Need additional funds for Travel and Training in Admin to cover current & expected training costs for Dep Comm, Dual Recovery Coordinator and QI Mgr

<b>SIGNATURES</b> Department Head: <i>F. S. S. S. S.</i>	Date Signed: 6/13/17
Director of Finance:	Date Signed: