

**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 12, 2017
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**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	4310.52206	COMPUTER EQUIPMENT

**Explanation Required:**

Need additional funds in Computer Equipment in Administration; 4310 covers primary expenses for Department.

<b>SIGNATURES</b>	Department Head:	Date Signed:
	Director of Finance:	Date Signed:

*[Handwritten signatures and dates: 6/13/17]*