

Budget Adjustment and Transfer Request Form

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

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| Department: Office for the Aging | Date: 8/3/17 |
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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**

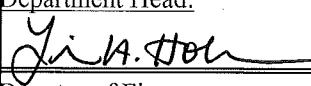
From/Revenue Adjustment:

To/Expenditure Adjustment:

| Budget Account | Account Title | AMOUNT | Budget Account | Account Title |
|----------------|-----------------------|---------|----------------|---------------|
| 6777.43803 | State Revenue Account | \$1,961 | 6777.51000559 | Salary |
| 6777.43803 | State Revenue Account | \$964 | 6777.58800 | Fringe |
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Explanation Required:

Salary: Taking the increase in revenue and using it to help bring the Aging Service Specialist from .8 FTE to 1.0 FTE
 Fringe: Same as above

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| SIGNATURES | Department Head: | Date Signed: |
| |  | 8/3/17 |
| | Director of Finance: | Date Signed: |
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