

Budget Adjustment and Transfer Request Form

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

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**

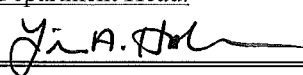
From/Revenue Adjustment:

To/Expenditure Adjustment:

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
6777.54400	Program Expense	\$2,821	6777.51000559	Salary
6777.54400	Program Expense	\$1,386	6777.58800	Fringe

Explanation Required:

Salary: Part of the amount needed to bring Aging Service Specialist from .8 FTE to 1.0 FTE
 Fringe: Same as above

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