

**Budget Adjustment and Transfer Request Form**  
*(Budget Adjustments requiring Legislature action must be submitted as a resolution)*

<b>Department:</b> Office for the Aging	<b>Date:</b> 8/3/17	<b>ID#</b> 7218
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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**

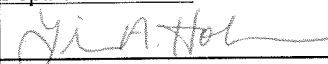
***From/Revenue Adjustment:***

***To/Expenditure Adjustment:***

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
6781.42070	Contributions From Private Agencies	\$2,436	6781.54491	Subcontractors
6781.42070	Contributions From Private Agencies	\$244	6781.30909000	General Fund Balance

**Explanation Required:**

To distribute the additional funding received from the Alzheimer's Association. This will cover additional Alzheimer's respite hrs. and admin. cost.

<b>SIGNATURE</b>	Department Head:	Date Signed:	
		8/7/17	
	Director of Finance:	Date Signed:	