

Budget Adjustment Request

Department: **Public Health/Administration**

Date: **8/28/2017**

# \_\_\_\_\_ (for Finance use)

FROM:			TO:			Detailed Explanation Required:
Revenue Account	Title	Dollar Amount	Appropriation Account	Title		
1	4095.43401	Public Health Work	\$ 1,000	4010.52220	Departmental Equipment	Performance Incentive Funds were provided by NYSDOH for use in eligible programs. Funds are used to improve use of conference meeting areas by purchase of small portable projectors.
2	4095.43401	Public Health Work	\$ 915	4010.52206	Computer Equipment	Performance Incentive Funds were provided by NYSDOH for use in eligible programs. Funds are used to complete purchase of two replacement computers.
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SEQR ACTION:		Date: Program Comm.	Date of Board Action	Date Sent to Program Committee		Resolution # _____
		9/18/2017				Sender's Initials _____

SIGNATURES	Department Head		Date Signed		Resolution # _____ (for Co. Administration use only)	
	Gwendolyn L. ...		8/28/17		Program Committee Chair or Minute Taker	
Director of Finance		Date Signed		For County Administration Use Only		

Routing: Submit 4 (four) copies to Finance-Comptroller  
 Submit 1 (one) copy to Program Committee for next agenda