

Budget Transfer Request

Department: **4012 WIC** Date: **July 31, 2017**

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

FROM:		TO:		Detailed Explanation Required:	
Department Budget Account	Title	AMOUNT	Department Budget Account	Title	
1 4012.54442	Professional Services	\$1,500	4012.52206	Computer Equipment	Realign grant expenses related to Enhanced Peer Counselor Program (purchase of tablet/laptop).
2 4012.54442	Professional Services	\$950	4012.52214	Office Furnishings	Realign grant expenses related to Enhanced Peer Counselor Program (purchase desk, chair & file cabinets).
3					
4					
5					
6					
7					
8					

Date of Program Committee: **8/21/2017**  
 Date Sent to Program Committee: \_\_\_\_\_  
 Sender's Initials: \_\_\_\_\_

SIGNATURES

Department Head: *[Signature]* Date Signed: **7/31/17**  
 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