

Budget Adjustment and Transfer Request Form

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

Department: Office for the Aging	Date: 9/19/17	ID# 7314
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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
6774.51000752	Dietitian	\$1,365	6772.51000752	Dietitian
6774-58800	Fringe	\$593	6772.58800	Fringe

Explanation Required:

Salary: Transfer is necessary to claim additional Dietitian related expenditures under the Federal III B program
 Fringe: Same as above

SIGNATURES	Department Head: 	Date Signed: 9/19/17	
	Director of Finance:	Date Signed:	