

# 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> 9/19/17 <span style="float: right; margin-right: 20px;">ID # 7315</span>
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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
		\$1,179	A6774.43803	State Revenue
		\$1,179	A6774.54491	Subcontractor

### Explanation Required:

To distribute the additional Wellness in Nutrition( WIN) funding received from the state to subcontractor Foodnet Meals on Wheels

<b>SIGNATURES</b>	<u>Department Head:</u> 	<u>Date Signed:</u> 9/19/17	
	<u>Director of Finance:</u>	<u>Date Signed:</u>	