

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# 7319
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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**

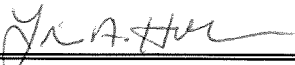
From/Revenue Adjustment:

To/Expenditure Adjustment:

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
A6784.44772	Federal aid	\$5,000		
A6784.54491	Subcontractor	\$5,000		

Explanation Required:

To Adjust for decrease in federal Nutrition Services Incentive Program(NSIP) funding

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