

Budget-Transfer Request

Department: 4016 Community Health

Date: September 29, 2017

_____ (for Finance use)

FROM:		TO:		AMOUNT	Title	Department Budget Account	Title	Detailed Explanation Required:
Department Budget Account	Department Budget Account	Department Budget Account	Department Budget Account					
1	4016.54400	Program Expense	4016.54303	\$4,000	Office Supplies	4016.54303	Office Supplies	Realign IAP grant expenses.
2	4016.54412	Travel/Training	4016.54333	\$2,400	Education & Promotion	4016.54333	Education & Promotion	Realign HIV grant expenses.
3	4016.54425	Service Contracts	4016.54353	\$5,000	Biologicals	4016.54353	Biologicals	Actual costs for Biologicals higher than budgeted. Available funds in Service Contracts.
4	4016.54400	Program Expense	4016.54333	\$700	Education & Promotion	4016.54333	Education & Promotion	Realign Lead grant expenses.
5								
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7								
8								

Date of Program Committee
10/16/2017

Date Sent to Program Committee
Sender's Initials _____

SIGNATURES

Department Head *Mendal A. Gunnel* Date Signed 9/29/17
 Director of Finance _____ Date Signed _____
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 Submit 1 (one) copy to Program Committee for next agenda

Budget Transfer Request

Department: 4047 Planning & Coordination of CSCN

Date: October 5, 2017

_____ (for Finance use)

FROM:		TO:		AMOUNT	Title	Department Budget Account	Title	Detailed Explanation Required:
Department Budget Account	4047.54462	Department Budget Account	4047.52220					
1	4047.54462	Insurance	\$1,252	4047.52220	Departmental Equipment	Funds are needed to cover unplanned ergonomic needs for employees; malpractice insurance was over estimated.		
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3								
4								
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8								
		Date of Program Committee	10/16/2017	Date Sent to Program Committee		Sender's Initials		

SIGNATURES

Department Head *Merridee L. Gunnery-Cush* Date Signed 10/6/17
 Director of Finance _____ Date Signed _____

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Budget Transfer Request

Department: **4090 Environmental Health**

Date: **October 2, 2017**

_____ (for Finance use)

FROM:		TO:			
Department Budget Account	Title	AMOUNT	Department Budget Account	Title	Detailed Explanation Required:
4090.54568	Rabies Control Program	\$5,277	4090.52220	Departmental Equipment	Purchase of down-draft workstation for Rabies Control Program.
1					
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Date of Program Committee
10/16/2017

Date Sent to Program Committee
Sender's Initials

SIGNATURES

Department Head *Shonda L. Finney-Pugh* Date Signed 10/2/17
 Director of Finance _____ Date Signed _____
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