

Budget Adjustment and Transfer Request Form

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

Department: Office for the Aging	Date: 10/30/17	ID#7400
---	-----------------------	---------

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
A6776.54491	Subcontractor	\$4,399		
		\$3,515	A6774.54491	Subcontractor
		\$884	A6777.54491	Subcontractor

Explanation Required:

Transfer funding from 6776 to 6774 and 6777, to realign budget so that it matches Foodnet Meal on Wheels budget

SIGNATURES	<u>Department Head:</u> 	<u>Date Signed:</u> 10/27/17	
	<u>Director of Finance:</u>	<u>Date Signed:</u>	