

Budget Adjustment and Transfer Request Form

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

Department: T.C. Youth Services Dept	Date: Nov 7, 2017
---	--------------------------

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
7020.54442	Professional Service Fees	\$4,000	7020.54412	Travel/Training

Explanation Required:

Transfer needed to accurately reflect actual department expenditures.

SIGNATURES	Department Head: 	Date Signed: 11/7/17	
	Director of Finance:	Date Signed:	