

Budget Adjustment and Transfer Request Form
(Budget Adjustments requiring Legislature action must be submitted as a resolution)

Department: MENTAL HEALTH	Date: NOVEMBER 30, 2017
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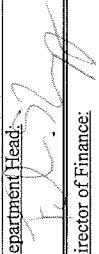
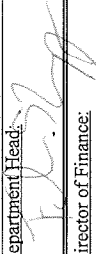
INSTRUCTIONS: *Submit one (1) copy to the Finance Director and one (1) copy to Program Committee through Minute Traq as a new file: "BUDGET ADJUSTMENT OR TRANSFER FOR INFORMATION ONLY"
 ** NOTE: TARGET FOR PROGRAM COMMITTEE MEETING AND NOT THE LEGISLATURE

From/Revenue Adjustment: **To/Expenditure Adjustment:**

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
4311.54354	MEDICAL SUPPLIES	\$5,000	1621.5447	BUILDING REPAIRS

Explanation Required:

Purchase of Electronic
 Fobs for Doors
 at Mental Health
 for Security Purposes

Department Head: 	Date Signed: 11/30/17
Director of Finance: 	Date Signed:

SIGNATURES