

Budget Adjustment and Transfer Request Form

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

Department: MENTAL HEALTH	Date: DECEMBER 5, 2017
----------------------------------	-------------------------------

INSTRUCTIONS: *Submit one (1) copy to the Finance Director and one (1) copy to Program Committee through Minute Trac as a new file: "BUDGET ADJUSTMENT OR TRANSFER FOR INFORMATION ONLY"

** NOTE: TARGET FOR PROGRAM COMMITTEE MEETING AND NOT THE LEGISLATURE

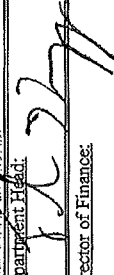
From/Revenue Adjustment:

To/Expenditure Adjustment:

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
4310.52214	Office Furnishings	\$400	4310.54400	Program Expense
4310.54330	Printing	\$300	4310.54400	Program Expense
4310.52214	Office Furnishings	\$400	4310.54412	Travel/Training
4310.54472	Telephone	\$1,500	4310.54412	Travel/Training
4310.52214	Office Furnishings	\$1,900	4310.54416	Membership Dues

Explanation Required:

Redistribution of funds to cover both actual and anticipated costs for 2017

Department Head:  Director of Finance:	Date Signed: 12/5/17
	Date Signed:

SIGNATURES