

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 Trap as a new file; "BUDGET ADJUSTMENT OR TRANSFER FOR INFORMATION ONLY"

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

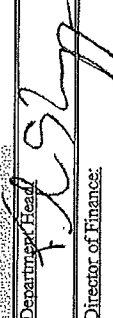
From/Revenue Adjustment:

To/Expenditure Adjustment:

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
4311.54354	Medical Supplies	\$25,000	4310.54442	Professional Services
4311.54472	Telephone	\$200	4310.54332	Books
4311.54472	Telephone	\$2,000	4311.54400	Program Expense
4311.54412	Travel/Training	\$3,500	4311.54414	Local Mileage

Explanation Required:

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

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