

Budget Adjustment and Transfer Request Form

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

Department: MENTAL HEALTH	Date: DECEMBER 5, 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

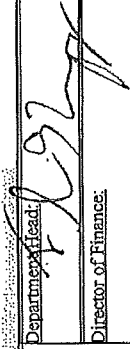
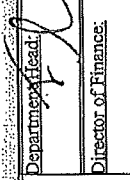
From/Revenue Adjustment:

To/Expenditure Adjustment:

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
4312.5431	Automotive Fuel	\$200	4312.54332	Books

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: _____