

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
4330.54421	Automotive Maintenance	\$2,200	4330.54412	Travel/Training
4330.52210	Office Equipment	\$200	4330.54303	Office Supplies
4330.52210	Office Equipment	\$100	4330.54319	Program Supplies
4330.52210	Office Equipment	\$300	4330.54330	Printing
4330.52210	Office Equipment	\$600	4330.54472	Telephone
4330.54310	Automotive Fuel	\$2,200	4330.54472	Telephone

Explanation Required:

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

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

SIGNATURES