

Department: MENTAL HEALTH **Date:** DECEMBER 6, 2017

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	\$3,200	4311.52206	Computer Equipment

Explanation Required:

Cost of Tablets for new hires: Social Worker and Case Manager to be assigned to the Jail Program

SIGNATURES

Department Head: *[Signature]* Date Signed: 12/5/17
 Director of Finance: *[Signature]* Date Signed: