

Budget Adjustment and Transfer Request Form

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

Department: County Office for the Aging **Date:** 12/22/2017

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
A6793-42705	Gifts & Donations	\$145.00		
A6787-54400	Program Expense	\$1,165.00		
		\$1,310	A6796-54400	Program Expense

Explanation Required:

Budget transfer is necessary in order to fund additional home repairs within the Tompkins County Office for the Aging WRAP program.

SIGNATURES	
Department Head:	Date Signed:
Director of Finance:	Date Signed: