

Budget Transfer Request

Department: **Tompkins County Office of Employment & Training**

Date: **12/28/2017**

_____ (for Finance use)

FROM: _____ TO: _____

Department Budget Account	Title	AMOUNT	Department Budget Account	Title	Detailed Explanation Required:
1 6292.54400	Program Expense	\$399.00	6292.542214	Offe Furnishings	2017 Year End Clean Up
2 6292.51000783	Transition Workforce Specialist	\$4,059.00	6292.51400	Disability Pay	2017 Year End Clean Up
3 6292.54400	Program Expense	\$201.00	6292.51000790	Workforce Development Coordinator	2017 Year End Clean Up
4 6292.51000051	JTPA Participant	\$38.00	6292.51200051	JTPA Participant	2017 Year End Clean Up
5 6292.54400	Program Expense	\$196.00	6292.54472	Telephone	2017 Year End Clean Up
6					
7					

Date of Program Committee
1/4/2017

Date Sent to Program Committee
12/28/2017

Sender's Initials JL

SIGNATURES

Department Head *Shueen Carlson* Date Signed **12/28/17**

Director of Finance _____ Date Signed _____

for County Administration use only

Routing: Submit 4 (four) copies to Finance-Comptroller
Submit 1 (one) copy to Program Committee for next agenda