

Budget Transfer Request

Department: **4012 WIC**

Date: **September 26, 2018**

_____ (for Finance use)

FROM: Department Budget Account		Title	AMOUNT	TO: Department Budget Account		Title	Detailed Explanation Required:
1	4012.54400	Program Expense	\$4,432	4012.52231		Vehicles	Realign grant expenses. Purchase of new van partially funded from auctioned van. Remaining funds to cover cost available in Program Expense line. Approved by NYS WIC.
2	4012.54442	Professional Service Fees	\$6,000	4012.54333		Education & Promotion	Realign grant expenses.
3	4012.54442	Professional Service Fees	\$1,200	4012.54354		Medical Supplies	Realign grant expenses.
4							
5							
6							
7							
8							
			Date of Program Committee		Date Sent to Program Committee		Sender's Initials
			10/9/2018				

SIGNATURES

Department Head <i>Rebecca Finnick</i> Director of Finance	Date Signed 9/26/18	for County Administration use only
Director of Finance _____	Date Signed _____	

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