

Budget Adjustment and Transfer Request Form

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

Department: County Office for the Aging	Date: 10/1/2018
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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
A6791-43803	State Aid	\$3,863.16		
		\$2,658.93	A6791-5100215	Director-Office for Aging
		\$1,204.23	A6791-58800	Fringes

Explanation Required:

Budget Adjustment is needed to properly reflect expenses claimed on the last claim for this program. The grant has ended as of 3/31/2018 so no further revenue will be coming into this account.

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

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