

# Budget Adjustment and Transfer Request Form

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

<b>Department:</b> T.C. Youth Services Dept	<b>Date:</b> December 21, 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**

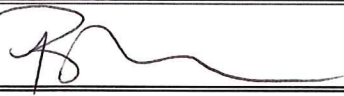
## From/Revenue Adjustment:

## To/Expenditure Adjustment:

Budget Account	Account Title	AMOUNT	Budget Account	Account Title
7020.54442	Professional Service Fees	\$1,850	7020.54400	Program Expenses
7020.54442	Professional Service Fees	\$300	7020.54330	Printing

### Explanation Required:

Transfer needed to accurately reflect actual department expenditures.

<b>SIGNATURES</b>	Department Head: 	Date Signed:	12 / 21 / 2018
	Director of Finance:	Date Signed:	