FY15.

TO: FINANCE COMMITTEE

DEPARTMENT: Health Department DATE: 5.7.15

AUTHORIZING SIGNATURE: Tony Blevins

The following line-item budget transfer is requested in the budget for:

FROM					TO				
PROJECT TASK	UNIT	EXPENSE ACCOUNT	NAME	AMOUNT FROM	AMOUNT TO	UNIT	EXPENSE ACCOUNT	NAME	PROJECT TASK
	1015403	530900	Other Professional	45,000.00	45,000.00	1015415	539900	Contract w/ Other	
	1015412	533800	Vehicle - Rent/Repair/Maint	2,000.00	2,000.00	1015451	533800	Vehicle - Rent/Repair/Maint	
	1015454	533600	Equipment - Rent/Repair/Maint	4,000.00	4,000.00	1015454	541300	Drugs Medical Hygiene	
	1015454	550200	Insurance Related Exp	5,500.00	5,500.00	1015454	530700	Communications and IT Related	
			TOTALS	56,500.00	56,500.00	(TOTALS MUST EQUAL)			

REMARKS/JUSTIFICATION FOR REQUEST: To fund negitive balances

APPROVED: COUNTY MAYOR — DATE 7/15/15

APPROVED AS TO AVAILABILITY OF FUNDS: DIRECTOR OF FINANCE — DATE 7/15/15

APPROVED FOR TRANSFER OF FUNDS: CHAIRMAN, FINANCE COMMITTEE/SCHOOL BOARD — DATE 7-27-15

2522